DOCUMENT RESUME

ED 466 907 CG 031 878

TITLE	Summary of Findings from the 2000 National Household Survey on Drug Abuse. National Household Survey on Drug Abuse Series.
INSTITUTION	Substance Abuse and Mental Health Services Administration (DHHS/PHS), Rockville, MD. Office of Applied Studies.; Research Triangle Inst., Research Triangle Park, NC.
REPORT NO	SMA-01-3549; SAMHSA-SER-H-13
PUB DATE	2001-09-00
NOTE	303p.; Prepared by the Division of Population Surveys of the Office of Applied Studies.
CONTRACT	283-98-9008
AVAILABLE FROM	National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20847-2345; Tel: 800-729-6686 (Toll-Free); Tel: 301-468-2600; TDD: 800-487-4889; Web Site: http://www.health.org.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Research (143)
EDRS PRICE	EDRS Price MF01/PC13 Plus Postage.
DESCRIPTORS	*Alcohol Abuse; *Drug Abuse; *Incidence; *Prevention; Substance Abuse; Tables (Data); Tobacco; *Trend Analysis
IDENTIFIERS	*National Household Survey on Drug Abuse

ABSTRACT

This report presents information from the 2000 National Household Survey on Drug Abuse (NHSDA) on rates of use, numbers of users, and other measures related to illicit drugs, alcohol, cigarettes, and other forms of tobacco. This report includes separate chapters that summarize the findings of the survey on five topics: use of illicit drugs; use of alcohol; use of tobacco products; initiation of substance use; and prevention-related issues. A final chapter summarizes the results and discusses key findings in relation to other research and survey results. General conclusions from the 2000 NHSDA include: substance use rates were generally level or declining between 1999 and 2000; and use and abuse of licit and illicit substances in the U.S. remains a major problem, affecting a large portion of the population. Appendices give technical details on the survey methodology, discuss other sources of data, and provide references and detailed tabulations of estimates. Tables and text present prevalence measures for the population in terms of both the number of substance users and the rate of substance use for illicit drugs, alcohol, and tobacco products. Tables show estimates of drug use prevalence in the lifetime, past year, and past month. The analysis focuses primarily on past month use, which is also referred to as "current use." (Contains approximately 78 references, 87 tables, and 34 figures.)(GCP)

Reproductions supplied by EDRS are the best that can be made
from the original document.

SAMHSA

National Household Survey on Drug Abuse Series: H-13

Summary of Findings From the 2000 National Household Survey on Drug Abuse

ED 466 907

Office of Applied Studies

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.SAMHSA.gov

CG031878

BEST COPY AVAILABLE

SAMHSA

Substance Abuse and Mental Health Services Administration
Office of Applied Studies

The Office of Applied Studies (OAS) serves as a focal point for data collection, analyses, and dissemination activities on the incidence and prevalence of substance abuse, the distribution and characteristics of substance abuse treatment facilities and services, and the costs and outcomes of substance abuse treatment programs. Both National and State-by-State data are available. Three major surveys provide information used by OAS:

- **National Household Survey on Drug Abuse (NHSDA).** The NHSDA provides information on the prevalence of substance use in the population, and the problems associated with use. The survey collects information on the sociodemographic characteristics of users, patterns of use, treatment, perceptions of risk, criminal behavior, and mental health. Since 1999, the NHSDA sample has been designed to provide State-level estimates, based on 70,000 respondents per year.
- **Drug Abuse Warning Network (DAWN).** The DAWN obtains information on drug-related admissions to emergency departments and drug-related deaths identified by medical examiners.
- **Drug and Alcohol Services Information System (DASIS).** The DASIS consists of three data sets (I-SATS, N-SSATS, and TEDS) developed with State governments. These data collection efforts provide National and State-level information on the substance abuse treatment system.

BEST COPY AVAILABLE

SAMHSA Drug Abuse Information
Office of Applied Studies (OAS)
5600 Fishers Lane
Parklawn Building, Suite 16-105
Rockville, Maryland 20857
Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of the Director: 301-443-1038
Fax Number: 301-443-9847

• OAS Data Request Line:
301-443-6239

• OAS Publication Series:
National Household Survey on Drug Abuse (NHSDA)
Drug Abuse Warning Network (DAWN)
Drug and Alcohol Services Information System (DASIS)
Analytic Series
Methodology Series

SAMHSA

SAMHSA

Office of Applied Studies Web Site
Substance Abuse and Mental Health Statistics

www.DrugAbuseStatistics.samhsa.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (OAS) Web site contains highlights from the latest OAS report, data on specific drugs of abuse, and publications of alcohol, tobacco, and illegal drug use. It presents both National and State-by-State data. The Web site also contains data that have not been published, such as detailed tables of data from the NHSDA and DAWN, and substance abuse treatment admissions data by State from DASIS, as well as methodological reports.

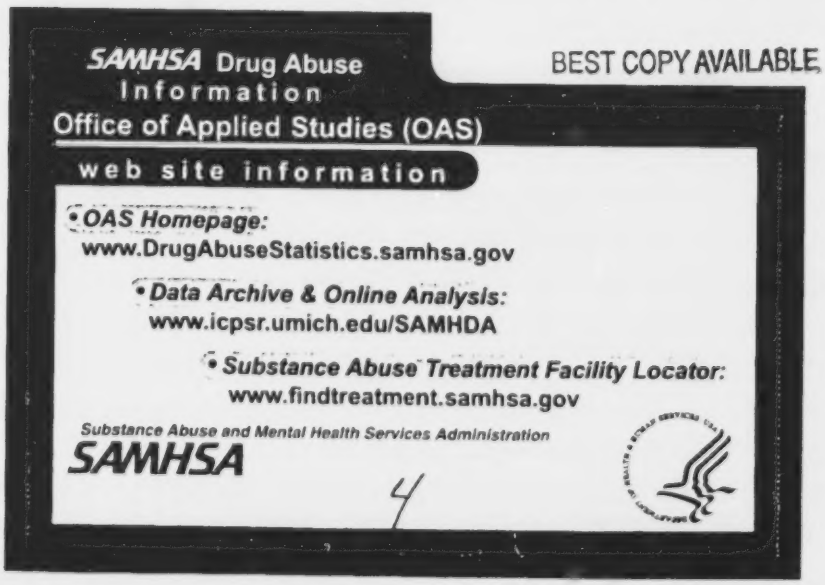
OAS Short Reports: A new feature on the Web site is a series of illustrated short reports on selected topics from OAS major data systems (NHSDA, DAWN, and DASIS). These may be accessed at the following OAS Web site: http://www.samhsa.gov/oas/facts.cfm. Topics in this short report series include the following: club drugs, pregnancy and illicit drug use, women in treatment, marijuana use by adolescents, heroin use, heavy alcohol use, perceived availability of drugs, and beliefs about drug risks.

Substance Abuse Treatment Facility Locator: OAS's Web site also contains a searchable on-line version of the National Directory of Drug and Alcohol Abuse Treatment Programs. This Substance Abuse Treatment Facility Locator produces maps with the location of the facilities you have listed.

Other OAS Web Site Features: You can:

- Conduct data analysis online (SAMHDA)
- Download public use files
- Submit OAS publication requests
- Join the OAS mailing list
- Find answers to frequently asked questions (FAQ) about OAS data

BEST COPY AVAILABLE



OFFICE OF APPLIED STUDIES

Summary of Findings from the 2000 National Household Survey on Drug Abuse

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

ACKNOWLEDGMENTS

This report was prepared by the Division of Population Surveys, OAS, SAMHSA, and the Research Triangle Institute (RTI), Research Triangle Park, North Carolina. Work by RTI was performed under Contract No.: 283-98-9008. Contributors at RTI listed alphabetically include Katherine R. Bowman, James R. Chromy, Teresa R. Davis, Steve Emrich, Eric Grau, Ralph Folsom, David Heller, Seungho Huh, Amy Licata, Bing Lui, Mary Ellen Marsden, Dawn Odom, Michael Pemberton, Lisa E. Packer, Avinash C. Singh, Richard Straw, Tom Virag (Project Director), Michael Vorburger, and Li-Tzy Wu. Contributors at SAMHSA listed alphabetically include Peggy Barker, Dicy Butler, Joan Epstein, Joseph Gfroerer, Donald Goldstone, Arthur Hughes, and Doug Wright. Graphics and formatting of the report were done by Maria T. Rivero of SAMHSA; from RTI, Brenda K. Porter formatted tables.

PUBLIC DOMAIN NOTICE

All material appearing in this report is in the public domain and may be reproduced or copied without permission from the Substance Abuse and Mental Health Services Administration. However, this publication may *not* be reproduced or distributed for a fee without specific, written authorization of the Office of Communications, SAMHSA, U.S. Department of Health and Human Services. Citation of the source is appreciated. Suggested citation:

> Substance Abuse and Mental Health Services Administration. *Summary of Findings from the 2000 National Household Survey on Drug Abuse*. Office of Applied Studies, NHSDA Series H-13, DHHS Publication No. (SMA) 01-3549. Rockville, MD, 2001.

OBTAINING ADDITIONAL COPIES OF PUBLICATION

Copies may be obtained, free of charge, from the National Clearinghouse for Alcohol and Drug Information (NCADI). The NCADI is a service of the Substance Abuse and Mental Health Services Administration (SAMHSA). For copies of publications, please write or call:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
(301) 468-2600 1-800-729-6686 TDD 1-800-487-4889

ELECTRONIC ACCESS TO PUBLICATION

This publication can be accessed electronically through the Internet World Wide Web connections listed below.

World Wide Web Internet Connections: http://www.samhsa.gov
http://www.DrugAbuseStatistics.SAMHSA.gov

ORIGINATING OFFICE

SAMHSA, Office of Applied Studies
5600 Fishers Lane, Room 16-105
Rockville, MD 20857

September 2001

DEDICATION

This report is dedicated to Maria Teresa Rivero, whose commitment and skill were instrumental in the production of this report as well as many prior OAS reports. Her contributions to OAS and to the National Household Survey on Drug Abuse project will be sorely missed.

TABLE OF CONTENTS

List of Tables for Appendices E and F vi
List of Figures xv

Highlights 1

1. Introduction 7
    1.1 Summary of NHSDA Methodology 7
    1.2 Impact of 1999 NHSDA Redesign on Estimates 8
    1.3 Revision of 1999 Estimates 9
    1.4 Format of Report and Explanation of Tables 9
    1.5 Other NHSDA Reports 11

2. Illicit Drug Use 13

3. Alcohol Use 27

4. Tobacco Use 35

5. Trends in Initiation of Substance Use 43

6. Prevention-Related Measures 51

7. Discussion 59

Appendices:

Appendix A: Description of the Survey 63
Appendix B: Statistical Methods and Limitations of the Data 69
Appendix C: Other Sources of Data 97
Appendix D: References 111
Appendix E: Sample Size and Population Tables 119
Appendix F: Substance Use Prevalence Tables 129

LIST OF TABLES FOR APPENDICES E AND F

Table		Page
E.1	Survey Sample Size for All Respondents Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000	121
E.2	Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000	122
E.3	Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000	123
E.4	Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000	124
E.5	Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000	125
E.6	Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000	126
E.7	Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: 1999 and 2000 Samples Combined	127
E.8	Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 Samples	128
F.1	Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Illicit Drugs Among Persons Aged 12 or Older: 1999 and 2000	131
F.2	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 or Older: 1999 and 2000	132
F.3	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 to 17: 1999 and 2000	133
F.4	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 18 to 25: 1999 and 2000	134
F.5	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 26 or Older: 1999 and 2000	135
F.6	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 or 13: 1999 and 2000	136

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.7	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 14 or 15: 1999 and 2000	137
F.8	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 16 or 17: 1999 and 2000	138
F.9	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 18 to 20: 1999 and 2000	139
F.10	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 21 to 25: 1999 and 2000	140
F.11	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 26 to 34: 1999 and 2000	141
F.12	Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 35 or Older: 1999 and 2000	142
F.13	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug, by Detailed Age Categories: 1999 and 2000	143
F.14	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000	144
F.15	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000	145
F.16	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000	146
F.17	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000	147
F.18	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000	148

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.19	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 NHSDAs	149
F.20	Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000	150
F.21	Percentages Reporting Past Month Use of Illicit Drugs Among Females Aged 15 to 44, by Pregnancy Status: Annual Averages Based on 1999 and 2000 Samples	151
F.22	Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 to 22, by College Enrollment Status: 1999 and 2000	152
F.23	Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 or Older, by Probation Status: 1999 and 2000	153
F.24	Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 or Older, by Parole/Supervised Release Status: 2000	154
F.25	Percentages Reporting the Number of Days Used Marijuana in the Past Year Among Past Year Users and the Number of Days Used Marijuana in the Past Month Among Past Month Users, by Age Group: 1999 and 2000	155
F.26	Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 12 to 17, by Past Month Cigarette Use: 1999 and 2000	156
F.27	Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 12 to 17, by Levels of Past Month Alcohol Use: 1999 and 2000	157
F.28	Percentages Reporting Driving Under the Influence of Any Illicit Drug or Alcohol in the Past Year Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000	158
F.29	Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Tobacco and Alcohol Among Persons Aged 12 or Older: 1999 and 2000	159
F.30	Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 12 or Older: 1999 and 2000	160
F.31	Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 12 to 17: 1999 and 2000	161

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.32	Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 18 to 25: 1999 and 2000	162
F.33	Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 26 or Older: 1999 and 2000	163
F.34	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes, by Detailed Age Categories: 1999 and 2000	164
F.35	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000	165
F.36	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000	166
F.37	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000	167
F.38	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000	168
F.39	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000	169
F.40	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 NHSDAs	170
F.41	Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000	171
F.42	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use, by Detailed Age Categories: 1999 and 2000	172
F.43	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000	173

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.44	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000	174
F.45	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000	175
F.46	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000	176
F.47	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000	177
F.48	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 to 20, by Demographic Characteristics: 1999 and 2000	178
F.49	Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000	179
F.50	Percentages Reporting Past Month Use of Tobacco and Alcohol Among Females Aged 15 to 44, by Pregnancy Status: Annual Averages Based on 1999 and 2000 Samples	180
F.51	Percentages Reporting Past Month Use of Tobacco and Alcohol Among Persons Aged 18 to 22, by College Enrollment Status: 1999 and 2000	181
F.52	Percentages Reporting the Number of Days Used Cigarettes in the Past Month Among Past Month Users and the Number of Cigarettes Smoked Per Day Among Daily Smokers, by Age Group: 1999 and 2000	182
F.53	Percentages of Past Month Cigarette Smokers Reporting Cigarette Brands Used Most Often During the Past Month, by Age Group: 1999 and 2000	183
F.54	Estimated Numbers (in Thousands) of Persons Who First Used Marijuana During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	184

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.55	Estimated Numbers (in Thousands) of Persons Who First Used Cocaine During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	185
F.56	Estimated Numbers (in Thousands) of Persons Who First Used Heroin During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	186
F.57	Estimated Numbers (in Thousands) of Persons Who First Used Hallucinogens During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	187
F.58	Estimated Numbers (in Thousands) of Persons Who First Used Inhalants During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	188
F.59	Estimated Numbers (in Thousands) of Persons Who First Used Pain Relievers During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	189
F.60	Estimated Numbers (in Thousands) of Persons Who First Used Tranquilizers During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	190
F.61	Estimated Numbers (in Thousands) of Persons Who First Used Stimulants During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	191
F.62	Estimated Numbers (in Thousands) of Persons Who First Used Sedatives During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	192

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.63	Estimated Numbers (in Thousands) of Persons Who First Used Alcohol During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	193
F.64	Estimated Numbers (in Thousands) of Persons Who First Used Any Cigarettes During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	194
F.65	Estimated Numbers (in Thousands) of Persons Who Began Daily Cigarette Use During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	195
F.66	Estimated Numbers (in Thousands) of Persons Who First Used Smokeless Tobacco During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	196
F.67	Estimated Numbers (in Thousands) of Persons Who First Used Cigars During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs	197
F.68	Percentages Reporting About Risk and Availability of Drugs, by Age Group: 1999 and 2000	198
F.69	Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Smoking One or More Packs of Cigarettes per Day, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Smoking One or More Packs of Cigarettes per Day: 1999 and 2000	199
F.70	Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Trying Marijuana or Hashish Once or Twice, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Trying Marijuana or Hashish Once or Twice: 1999 and 2000	200

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.71	Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day: 1999 and 2000	201
F.72	Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Gotten into a Serious Fight at School or Work One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times Gotten into Serious Fight at School or Work: 1999 and 2000	202
F.73	Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Taken Part in a Group-Against-Group Fight One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times They Got in a Group-Against-Group Fight: 1999 and 2000	203
F.74	Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Carried a Handgun One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times They Carried a Handgun: 1999 and 2000	204
F.75	Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Smoking One or More Packs of Cigarettes per Day, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Smoking Cigarettes: 1999 and 2000	205
F.76	Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Trying Marijuana or Hashish Once or Twice, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Trying Marijuana or Hashish: 1999 and 2000	206
F.77	Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Drinking Alcoholic Beverage: 1999 and 2000	207
F.78	Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Talked with at Least One of Their Parents in the Past Year About the Dangers of Tobacco, Alcohol, or Drug Use, by Demographic Characteristics, and (II) Selected Drug Use, by Whether They Talked with Their Parents About the Dangers of Drug Use: 1999 and 2000	208

LIST OF TABLES FOR APPENDICES E AND F (cont'd)

Table		Page
F.79	Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Seen or Heard Drug or Alcohol Prevention Messages From Sources Outside School in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Whether They Saw or Heard Drug Prevention Messages From Sources Outside School: 1999 and 2000	209

LIST OF FIGURES

Figure		Page
2.1	Types of Drugs Used by Past Month Illicit Drug Users Aged 12 and Older: 2000	14
2.2	Past Month Illicit Drug Use Among Persons Aged 12 and Older, by Drug: 1999 and 2000	14
2.3	Past Month Illicit Drug Use by Age: 2000	16
2.4	Past Month Illicit Drug Use Among Youths Aged 12 and 13: 1999 and 2000	16
2.5	Past Month Illicit Drug Use Among Youths Aged 14 and 15: 1999 and 2000	17
2.6	Past Month Illicit Drug Use Among Youths Aged 16 and 17: 1999 and 2000	17
2.7	Past Month Illicit Drug Use Among Young Adults Aged 18 to 25: 1999 and 2000	19
2.8	Past Month Illicit Drug Use Among Adults Aged 26 and Older: 1999 and 2000	19
2.9	Past Month Illicit Drug Use Among Youths Aged 12 to 17, by Gender: 2000	20
2.10	Past Month Illicit Drug Use Among Pregnant Women, by Age: 1999-2000 Annual Averages	21
2.11	Past Month Illicit Drug Use Among Pregnant Women Aged 15 to 44, by Race/ Ethnicity: 1999-2000 Annual Averages	21
2.12	Past Month Illicit Drug Use Among Persons Aged 12 and Older, by Race/ Ethnicity: 1999-2000 Annual Averages	22
2.13	Past Month Illicit Drug Use Among Persons Aged 12 and Older, by County Type: 1999 and 2000	24
2.14	Past Month Illicit Drug Use Among Adults, by Parole and Probation Status: 2000	24
2.15	Frequency of Marijuana Use Among Past Year Users Aged 12 and Older: 1999 and 2000	25
3.1	Past Month Alcohol Use by Age: 2000	28
3.2	Past Month Alcohol Use Among Youths Aged 12 to 20, by Race/Ethnicity: 1999-2000 Annual Averages	29
3.3	Past Month Alcohol Use Among Adults, by Educational Attainment: 2000	31

LIST OF FIGURES (cont'd)

Figure		Page
3.4	Past Month Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2000	33
3.5	Heavy Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2000	33
4.1	Past Month Tobacco Use Among Persons Aged 12 and Older: 1999 and 2000	35
4.2	Past Month Cigarette Use by Age: 2000	36
4.3	Past Month Tobacco Use Among Youths Aged 12 to 17: 1999 to 2000	37
4.4	Past Month Tobacco Use Among Persons Aged 18 to 25: 1999 to 2000	37
4.5	Past Month Cigarette Use Among Persons Aged 12 and Older, by Race/ Ethnicity: 1999-2000 Annual Average	39
4.6	Frequency of Cigarette Use Among Current Smokers, by Age: 2000	41
5.1	Age-specific Rates of First Time Use of Marijuana: 1965-1999	45
5.2	Annual Number of New Users of Pain Relievers Nonmedically: 1965-1999	45
5.3	Annual Numbers of New Tobacco Users: 1965-1999	49
6.1	Perceived Risk of Smoking One or More Packs of Cigarettes Per Day, by Age: 1999 and 2000	52
6.2	Perceived Risk of Substance Use Among Youths Aged 12 to 17: 1999 and 2000	52
6.3	Perceived Availability of Drugs Among Youths Aged 12 to 17: 1999 and 2000	53
6.4	Past Month Marijuana Use Among Youths Aged 12 to 17, by Perceived Parental Attitudes and Neighborhood Characteristics: 2000	56
6.5	Past Month Cigarette Use Among Youths Aged 12 to 17, by Perceived Parental Attitudes About Smoking: 1999 and 2000	57

HIGHLIGHTS

This report provides the first information obtained in the 2000 National Household Survey on Drug Abuse (NHSDA), a project of the Substance Abuse and Mental Health Services Administration (SAMHSA). Since 1971, the NHSDA has been the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in the civilian population aged 12 years and older.

Over the years improvements have been made to the Survey to provide better and more complete information on issues associated with substance abuse. In 1999, significant changes were made in the size of the survey, the sample design, and the method of administration. The sample size was expanded almost fourfold; data are now based on information obtained from approximately 70,000 persons per year. A new sample design was introduced which supports both national and state level estimates. A new, interactive, bilingual, computer-based questionnaire replaced the paper and pencil questionnaires used previously. These changes improved the accuracy of the estimates and the utility of the data. At the same time, the changes limit the comparisons that can be made with information obtained from surveys prior to 1999. Therefore, the report focuses only on recent trends, from 1999 to 2000.

This report provides national estimates of rates of use, number of users, initiation of use, and other measures related to use of illicit drugs, licit drugs that are used for nonmedical purposes, alcohol, cigarettes, and other forms of tobacco by the population aged 12 years and older in 1999 and 2000. State-level estimates will be provided in a later report. Selected findings are given below:

Illicit Drug Use

- In calendar year 2000, an estimated 14.0 million Americans were current illicit drug users, meaning they had used an illicit drug during the month prior to interview. This estimate represents 6.3 percent of the population 12 years old and older.

- There were no statistically significant changes between 1999 and 2000 in the overall rates of current use of any of the major illicit drug categories tracked by the survey.

- As in prior years, men continued to have a higher rate of current illicit drug use than women (7.7 percent vs. 5.0 percent) in 2000. However, the rates of nonmedical use of psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives) were similar for males (1.8 percent) and females (1.7 percent).

- Between 1999 and 2000, the rate of past month marijuana use among women aged 12 and older increased from 3.1 percent to 3.5 percent. This increase was primarily due to an increase in use among women aged 26 and older, from 1.4 percent in 1999 to 2.0 percent in 2000.

- Among youth aged 12 to 17 in 2000, 9.7 percent had used an illicit drug within the 30 days prior to interview. This rate is almost identical to the rate for youth in 1999 (9.8 percent).

- Among youths aged 12 and 13, the rate of past month illicit drug use declined from 3.9 percent in 1999 to 3.0 percent in 2000. This change was primarily the result of a significant drop in inhalant use (from 1.3 percent to 0.7 percent).

- Approximately 2.1 million youths aged 12 to 17 had used inhalants at some time in their lives as of 2000. This constituted 8.9 percent of youths. Of youth, 3.9 percent had used glue, shoe polish, or Toluene, and 3.3 percent had used gasoline or lighter fluid.

- Among youths aged 12 to 17 in 2000, the rate of current illicit drug use was similar for boys (9.8 percent) and girls (9.5 percent). While boys aged 12 to 17 had a slightly higher rate of marijuana use than girls in the same age category (7.7 percent compared to 6.6 percent), girls were somewhat more likely to use psychotherapeutics nonmedically than boys (3.3 percent compared to 2.7 percent).

- Between 1999 and 2000, there was no significant change in the rate of current illicit drug use for either males or females aged 12 to 17.

- Among youths who were heavy drinkers in 2000, 65.5 percent were also current illicit drug users. Among nondrinkers, only 4.2 percent were current illicit drug users. Similarly, among youths who smoked cigarettes, the rate of past month illicit drug use was 42.7 percent, compared with 4.6 percent for nonsmokers.

- An estimated 15.4 percent of unemployed adults were current illicit drug users in 2000, compared with 6.3 percent of full-time employed adults and 7.8 percent of part-time employed adults. Of the 11.8 million adult illicit drug users in 2000, 9.1 million (77 percent) were employed either full time or part time.

- In 2000, among the estimated 1.2 million adults on parole or other supervised release from prison during the past year, 21.6 percent had used an illicit drug in the past month. This rate is higher than the rate for adults not on parole or supervised release (5.8 percent).

- An estimated 7.0 million persons reported driving under the influence of an illicit drug at some time in the past year. This figure corresponds to 3.1 percent of the population age 12 and older and is significantly lower than the rate in 1999 (3.4 percent). Among young adults aged 18 to 25, 10.7 percent drove under the influence of illicit drugs at least once in the past year.

- Although the nonmedical use of Oxycontin was rare in 2000, the NHSDA data show evidence of an emerging problem. The estimated number of lifetime nonmedical Oxycontin users increased from 221,000 in 1999 to 399,000 in 2000. The 2000 NHSDA was not designed to report the current use of Oxycontin.

Alcohol Use

- Almost half of Americans aged 12 and older reported being current drinkers of alcohol in the 2000 survey (46.6 percent). This translates to an estimated 104 million people. Both the rate of alcohol use and number of drinkers were nearly the same in 2000 as in 1999 (46.4 percent and 103 million).

- Heavy drinking was reported by 5.6 percent of the population aged 12 and older, or 12.6 million people. These 2000 estimates were nearly identical to the 1999 estimates.

- About 9.7 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview in 2000 (27.5 percent of this age group). An estimated 6.6 million (18.7 percent) were binge drinkers and 2.1 million (6.0 percent) were heavy drinkers. All of these 2000 rates were similar to rates observed in 1999.

- Males aged 12 to 20 were more likely than their female peers to report binge drinking in 2000 (21.3 percent compared to 15.9 percent).

- Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time to report any use, binge use, or heavy use of alcohol in 2000. Past month alcohol use was reported by 62.0 percent of full-time college students compared to 50.8 percent of their counterparts who were not currently enrolled full-time. Binge and heavy use rates for college students were 41.4 percent and 16.4 percent, respectively, compared with 35.9 percent and 12.1 percent, respectively, for other persons aged 18 to 22.

- One in ten Americans aged 12 and older in 2000 (22.3 million persons) had driven under the influence of alcohol at least once in the 12 months prior to interview. Between 1999 and 2000, the rate of driving under the influence of alcohol declined from 10.9 percent to 10.0 percent, which is a statistically significant difference. Among young adults aged 18 to 25, 19.9 percent had driven under the influence of alcohol in 2000.

Tobacco Use

- An estimated 65.5 million Americans aged 12 and older (29.3 percent) reported current use of a tobacco product in 2000. An estimated 55.7 million (24.9 percent) smoked cigarettes, 10.7 million (4.8 percent) smoked cigars, 7.6 million (3.4 percent) used smokeless tobacco, and 2.1 million (1.0 percent) smoked tobacco in pipes.

- Current cigarette use declined significantly between 1999 and 2000 among youths aged 12 to 17 and young adults aged 18 to 25. For youths, the rate of past month use declined from 14.9 percent in 1999 to 13.4 percent in 2000. The young adult rates were 39.7 percent in 1999 and 38.3 percent in 2000. No significant change was observed in the smoking rate for adults aged 26 and older (24.9 percent in 1999 and 24.2 percent in 2000).

- Males aged 12 and older were slightly more likely to smoke cigarettes than were females (26.9 percent vs. 23.1 percent) in 2000. For youths aged 12 to 17, the rate was higher for females (14.1 percent) than males (12.8 percent). Between 1999 and 2000, the rate of cigarette use among males aged 12 to 17 decreased significantly from 14.8 percent to 12.8 percent. The rate for females aged 12 to 17 was 15.0 percent in 1999, and the decrease to 14.1 percent in 2000 is not statistically significant.

- Among youth smokers aged 12 to 17 in 2000, more than half (59.4 percent) reported that they personally bought cigarettes at least once in the past month. Approximately one-third of youth smokers (33.8 percent) reported buying cigarettes at a store where the clerk hands out the cigarettes. About two-thirds (65.2 percent) of youth smokers aged 12 to 17 reported that friends or relatives bought cigarettes for them at least one time in the past month.

- Between 1999 and 2000, the percent of Hispanic youth smokers who reported Newport as their usual brand increased from 18.7 percent to 31.4 percent.

- There was a statistically significant decrease in current cigar use between 1999 and 2000, from 5.5 percent to 4.8 percent of the population aged 12 and older. Rates of use of smokeless tobacco and pipes were unchanged between 1999 and 2000.

Trends in Initiation of Substance Use (Incidence)

Trends in new use of substances are estimated using the data reported on age at first use from the 1999 and the 2000 NHSDA. Because information on when people first used a substance is collected on a retrospective basis, estimates of first time use or incidence are always one year behind estimates of current use.

- The estimated annual number of new marijuana users declined from 2.6 million in 1996 to about 2.0 million in 1999. This was preceded by a period of significant increase from 1990 (1.4 million new users) to 1996. Rates of new use for both youths and young adults decreased between 1998 and 1999 (from 85.2 initiates per 1,000 potential new users to 73.0, and from 44.1 to 31.7, respectively).

- Approximately 1.5 million persons used pain relievers nonmedically for the first time in 1999. The number of initiates has been increasing since the mid 1980s, when it was below 400,000 per year. Youth aged 12 to 17 constitute the majority of this increase, from 78,000 initiates in 1985 to 722,000 in 1999.

- The incidence rate for cigarette use among youth aged 12 to 17 decreased between 1998 and 1999, from 141.4 to 120.0 persons per 1,000 potential new users. The numbers and rates among young adults aged 18 to 25 remained stable between 1998 and 1999. The overall annual number of persons who first tried a cigarette had increased between 1991 and 1996 from about 2.4 million to 3.4 million, then decreased to 2.9 million in 1998.

- New use of cigarettes on a daily basis has decreased since its recent peak in 1997 at 1.9 million new users. In 1998, the number of initiates dropped to about 1.7 million, and it dropped again in 1999 to about 1.4 million. Contributing to this decrease was the smaller number of new daily smokers among youths aged 12 to 17, falling from about 1,163,000 in 1997 to 783,000 in 1999. Translated to a per-day basis, the number decreased from 3,186 youths per day in 1997 to 2,145 per day in 1999.

- The estimated number of new users of cigars fell dramatically between 1998 and 1999, from 4.6 million to 3.6 million. In 1998, the number of new cigar users had been at its highest level since 1965. The number had been 1.4 million in 1991. The incidence rates for those aged 12 to 17 and 18 to 25 also declined significantly between 1998 and 1999, from 94.2 to 74.0 and from 83.5 to 60.7, respectively.

Prevention-Related Data

- Among youth aged 12 to 17, the percentage reporting great risk of smoking a pack or more of cigarettes a day increased from 60.7 percent in 1999 to 64.1 percent in 2000.

- The percentage of youth aged 12 to 17 indicating a great risk of smoking marijuana once a month remained unchanged between 1999 and 2000 (37.2 percent in 1999 and 37.7 percent in 2000).

- In 2000, only 7.1 percent of youths aged 12 to 17 who indicated that their "parents would strongly disapprove if they tried marijuana once or twice" had used an illicit drug in the past month. But 31.2 percent of youth in the other group (i.e., their parents did not strongly disapprove) reported use of an illicit drug in the past month.

- The percentage of persons aged 12 and older indicating that it was fairly or very easy to obtain a substance decreased between 1999 and 2000 for marijuana (56.9 to 54.8 percent), cocaine (32.3 to 30.4 percent), crack (30.9 to 29.0 percent), heroin (20.9 to 19.4 percent), and LSD (23.4 to 22.3 percent).

1. INTRODUCTION

This report presents information from the 2000 National Household Survey on Drug Abuse (NHSDA) on rates of use, numbers of users, and other measures related to illicit drugs, alcohol, cigarettes, and other forms of tobacco. The NHSDA is an annual survey of the civilian noninstitutionalized population of the United States, 12 years old or older.

In 1999, the NHSDA underwent a major redesign. The method of data collection was changed from a paper questionnaire administration to a computer-assisted administration. In addition, the sample design was changed from a strictly national design to a state-based sampling plan. These important changes to the NHSDA have a major impact on the data that are produced from the survey. The expanded sample makes it possible to produce, each year, substance use prevalence estimates for every state and the District of Columbia. It also allows more detailed analyses of national patterns of use. However, because of the differences in methodology and impact of the new design on data collection, only limited comparisons can be made between data from the redesigned surveys (1999 onward) and data obtained from surveys prior to 1999. Therefore, this report addresses primarily the changes in rates of use between 1999 and 2000 and the differences in patterns of use among various demographic and geographic subgroups of the U.S. population.

Because of the volume of information that can now be presented each year from the expanded NHSDA, this initial report on the 2000 data presents only national estimates. State-level estimates, which are based on a complex small area estimation method, will be presented in a separate report which will be released in the fall.

1.1. Summary of NHSDA Methodology

The NHSDA is the primary source of statistical information on the use of illegal drugs by the United States population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), and data collection is carried out by Research Triangle Institute. The project is planned and managed by the Office of Applied Studies. This section contains a brief description of the survey methodology. A more complete description is provided in Appendix A.

The NHSDA collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include the homeless who do not use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals. Appendix C describes surveys that cover populations that are not part of the NHSDA sampling frame.

Prior to 1999, the NHSDA was conducted as a paper-and-pencil interview (PAPI) lasting about an hour. The NHSDA PAPI instrumentation consisted of a questionnaire booklet that was completed by the interviewer and a set of individual answer sheets that were completed by the respondent. All substance use questions and other sensitive questions appeared on the answer

sheets so that the interviewer was not aware of the respondent's answers. Less sensitive questions such as demographics, occupational status, household size and composition were asked aloud by the interviewer and recorded in the questionnaire booklet.

Beginning in 1999 the NHSDA interview has been carried out by computer-assisted interview (CAI). The survey uses a combination of computer-assisted personal interview (CAPI) conducted by the interviewer and an audio computer-assisted self-interview (ACASI). For the most part, questions previously administered by the interviewer are now administered by the interviewer using CAPI. Questions previously administered using answer sheets are now administered using ACASI. Use of ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions and to increase the level of honest reporting of illicit drug use and other sensitive behaviors.

Consistent with the 1999 NHSDA, the 2000 NHSDA sample employed a 50-state design with an independent, multi-stage area probability sample for each of the 50 States and the District of Columbia. The eight states with the largest population (which together account for 48 percent of the total U.S. population aged 12 and older) were designated as large sample states (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania and Texas). For these states, the design provided a sample large enough to support direct state estimates. For the remaining 42 states and the District of Columbia, smaller, but adequate, samples were selected to support state estimates using small area estimation (SAE) techniques. The design also oversampled youths and young adults, so that each state's sample was approximately equally distributed among three major age groups: 12 to 17 years, 18 to 25 years, and 26 years and older. To enhance the precision of trend measurement, half of the first-stage sampling units (area segments) in the 1999 sample were also in the 2000 sample. However, all of the households included in the 2000 sample were new.

Nationally, 169,769 addresses were screened for the 2000 survey and 71,764 persons were interviewed within the screened addresses. The survey was conducted from January through December, 2000. Weighted response rates for household screening and for interviewing were 92.8 percent and 73.9 percent, respectively. See Appendix B for more information on NHSDA response rates.

1.2. Impact of 1999 NHSDA Redesign on Estimates

The redesign of the NHSDA has major implications for the estimates produced from the survey. While many of the effects had been anticipated, some were not. As expected, the larger sample size and state-based design have made it possible to produce estimates for every state and for smaller population subgroups. The precision of the estimates at the national level is improved substantially. The CAI methodology has made data collection and processing more efficient, and improved the quality of the data. New procedures for editing and imputing the data were implemented in conjunction with the new CAI instrument. In-depth analyses of methodological issues associated with the implementation of the new design have been done and are described in another SAMHSA report (Gfroerer, Eyerman, and Chromy, 2001).

While the redesign improved the NHSDA estimates of substance use prevalence, it also made it difficult to assess long-term trends. Because of the major differences between the CAI and PAPI methods, it is not appropriate to compare the 1999 or 2000 CAI estimates of substance use prevalence to earlier NHSDA estimates to assess changes over time in substance use. In this report, discussion of long term trends is limited to a few key measures and is based on separate analyses of trends from the PAPI data and the CAI data (see Chapter 7).

1.3. Revision of 1999 Estimates

During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for substance use variables that had missing information in the 1999 NHSDA data file. These variables are used in making estimates of substance use incidence and prevalence. In preparing this report, the 1999 data were adjusted to correct for this error. For most substance use measures, the impact of the revision is small. Estimates of lifetime use of substances were not affected at all. Estimates of past year and past month use were all revised, but the updated numbers in many cases are nearly identical to the previous ones. The effects of the error are noticeable for only four substances (alcohol, marijuana, inhalants, and heroin), in addition to the composite measures "any illicit drug" and "any illicit drug other than marijuana." For these substances, all of the revised estimates are lower than the previous ones. For inhalants, the revised estimates are considerably lower.

The tables included in this report, along with the more extensive set of supplemental 2000 NHSDA tables available from SAMHSA, contain virtually all of the revised 1999 national estimates that correspond to the estimates released in August 2000. Data on SAMHSA's website will now reflect the revised estimates.

1.4. Format of Report and Explanation of Tables

This report includes separate chapters that summarize the findings of the 2000 NHSDA on five topics: use of illicit drugs; use of alcohol; use of tobacco products; initiation of substance use; and prevention-related issues. A final chapter summarizes the results and discusses key findings in relation to other research and survey results. Appendices give technical details on the survey methodology, discuss other sources of data, and provide references and detailed tabulations of estimates. In addition to the tables included in this publication (Appendix E and F), a more extensive set of tables, including standard errors, has been prepared and is available upon request. These tables will also be made available through the Internet.

Tables and text present prevalence measures for the population in terms of both the number of substance users and the rate of substance use for illicit drugs, alcohol, and tobacco products. Tables show estimates of drug use prevalence in the lifetime (i.e., ever used), past year, and past month. The analysis focuses primarily on past month use, which is also referred to as "current use." Most tables present estimates for 1999 and 2000, with an indication of the statistical significance of changes.

Data are presented for major racial/ethnic groups in several categorizations, based on the level of detail the sample will allow. Since respondents were allowed to choose more than one racial group, a "more than one race" category is presented which includes persons who report more than one category among the seven basic groups listed in the survey question (white; black/African American; American Indian or Alaska Native; Native Hawaiian; Other Pacific Islander; Asian; Other). It should be noted that the category "white" shown in this report includes only non-Hispanic whites, the category "black" includes only non-Hispanic blacks, and the category "Hispanic" includes Hispanics of any race. Also, more detailed categories are obtained in the survey for respondents who report Asian race or Hispanic ethnicity.

Data are also presented for four U.S. geographic regions and nine geographic divisions within these regions. These regions and divisions include the following groups of States:

Northeast Region - **New England Division**: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut; **Middle Atlantic Division**: New York, New Jersey, Pennsylvania.

Midwest Region - **East North Central Division**: Wisconsin, Illinois, Michigan, Indiana, Ohio; **West North Central Division**: North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri.

South Region - **South Atlantic Division**: West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida; **East South Central Division**: Mississippi, Tennessee, Kentucky, Alabama; **West South Central Division**: Texas, Oklahoma, Arkansas, Louisiana.

West Region - **Mountain Division**: Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana; **Pacific Division**: California, Oregon, Washington, Hawaii, Alaska.

Tables have been added to describe substance use based on population density. For this purpose, counties are grouped based on the "Rural-Urban Continuum Codes" developed by the U.S. Department of Agriculture (Butler and Beale 1994). This variable differs from the "Population Density" measure presented in previous reports. Each county is either in a Metropolitan Statistical Area (MSA) or outside of an MSA, as defined by the Office of Management and Budget. For counties in New England, New England County Metropolitan Areas (NECMA) are used for defining codes. Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of less than 1 million. Nonmetropolitan areas are areas outside of MSAs. For some tables, small metropolitan areas are further classified as having either less than or greater than 250,000 population. Counties in nonmetropolitan areas are classified based on the number of people in the county who live in an urbanized area, as defined by the Census Bureau at the sub-county level. "Urbanized" counties have 20,000 or more population in urbanized areas, "Less Urbanized" counties have at least 2,500 but less than 20,000 population in urbanized areas, and "Completely Rural" counties have fewer than 2,500 population in urbanized areas.

Other than presenting results by age group and other basic demographic characteristics, no attempt is made in this report to control for potentially confounding factors that might help explain the observed differences. This point is particularly salient with respect to race/ethnicity, which tends to be highly associated with socioeconomic characteristics. The cross-sectional nature of the data limits the capability to infer causal relationships. Nevertheless, the data presented in this report are useful for indicating demographic subgroups with relatively high (or low) rates of substance use, regardless of what the underlying reasons for those differences might be.

1.5. Other NHSDA Reports

Additional tabulations from the 2000 NHSDA have been generated and are available through the Internet. Additional methodological information will also be made available electronically (http://www.DrugAbuseStatistics.samhsa.gov), as well as in OAS publications. A report on state-level estimates from the 2000 NHSDA will be published in the fall. Analytic reports focusing on specific issues or population groups will continue to be produced by SAMHSA. A few of the reports in progress are:

- Tobacco Use in America
- Substance Dependence, Abuse, and Treatment
- Underage Alcohol Use
- Characteristics of Recent Marijuana Initiates
- Risk and Protective Factors for Substance Use
- Characteristics of Adults Using Mental Health Services

A complete listing of previously published reports from the NHSDA and other data sources is available from the Office of Applied Studies. Many of these reports are also available through the Internet (http://www.DrugAbuseStatistics.samhsa.gov). In addition, OAS makes public use data files available to researchers through the Substance Abuse and Mental Health Data Archive (www.icpsr.umich.edu/samhda). Currently, files are available from the 1979-1998 NHSDAs. The 1999 public use file will be available within the next few months and the 2000 public use file will be available in early 2002.

2. ILLICIT DRUG USE

The NHSDA obtains information on nine different categories of illicit drug use: marijuana, cocaine, heroin, hallucinogens and inhalants and nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. In these categories, hashish is included with marijuana; and crack is considered a form of cocaine. Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline, mushrooms, and ecstasy (MDMA). Inhalants include a variety of substances such as amyl nitrite, cleaning fluids, gasoline, paint and glue. The four categories of prescription-type drugs (pain relievers, tranquilizers, stimulants, and sedatives) cover numerous drugs available through prescriptions and sometimes illegally "on the street." Methamphetamine is included under stimulants. Over-the-counter drugs and legitimate uses under a doctor's prescription are not included. Respondents are asked to report only uses of drugs not prescribed for them or that they took only for the experience or feeling they caused. NHSDA reports combine the four prescription-type drug groups into a category referred to as "Any psychotherapeutics."

Estimates of "any illicit drug" use reported from the NHSDA reflect use of any of the nine substance categories listed above. Use of alcohol and tobacco products, while illegal for youths, are not included in these estimates, but are discussed in chapters 3 and 4. Findings from the 2000 NHSDA on illicit drug use are summarized below.

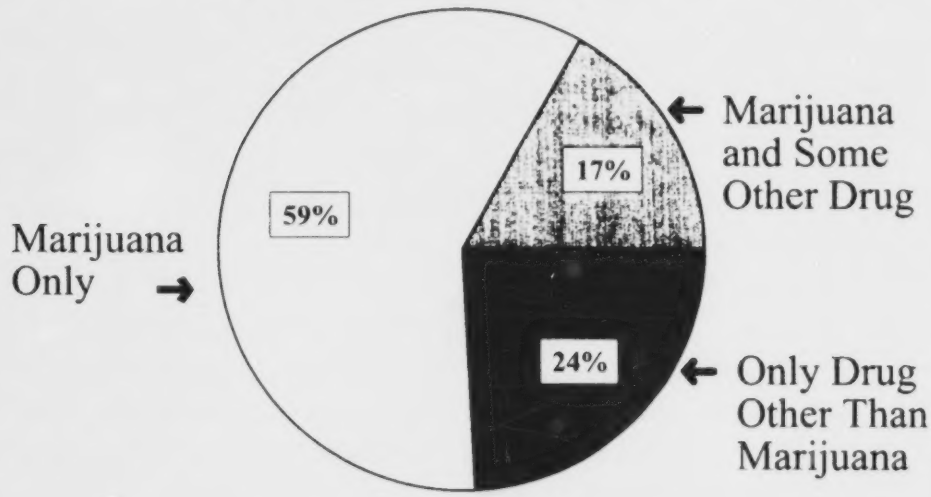
- In 2000, an estimated 14.0 million Americans were current illicit drug users, meaning they had used an illicit drug during the month prior to interview. This estimate represents 6.3 percent of the population 12 years old and older.

- Marijuana is the most commonly used illicit drug. It is used by 76 percent of current illicit drug users. Approximately 59 percent of current illicit drug users consumed only marijuana, 17 percent used marijuana and another illicit drug, and the remaining 24 percent used an illicit drug but not marijuana in the past month. Therefore, about 41 percent of current illicit drug users in 2000 (an estimated 5.7 million Americans) use illicit drugs other than marijuana and hashish, with or without using marijuana as well (Figure 2.1).

- Of the 5.7 million users of illicit drugs other than marijuana, 3.8 million were using psychotherapeutics nonmedically. This represents 1.7 percent of the population aged 12 and older, about the same rate as in 1999 (1.8 percent). Psychotherapeutics include pain relievers (2.8 million users), tranquilizers (1.0 million users), stimulants (0.8 million users), and sedatives (0.2 million users).

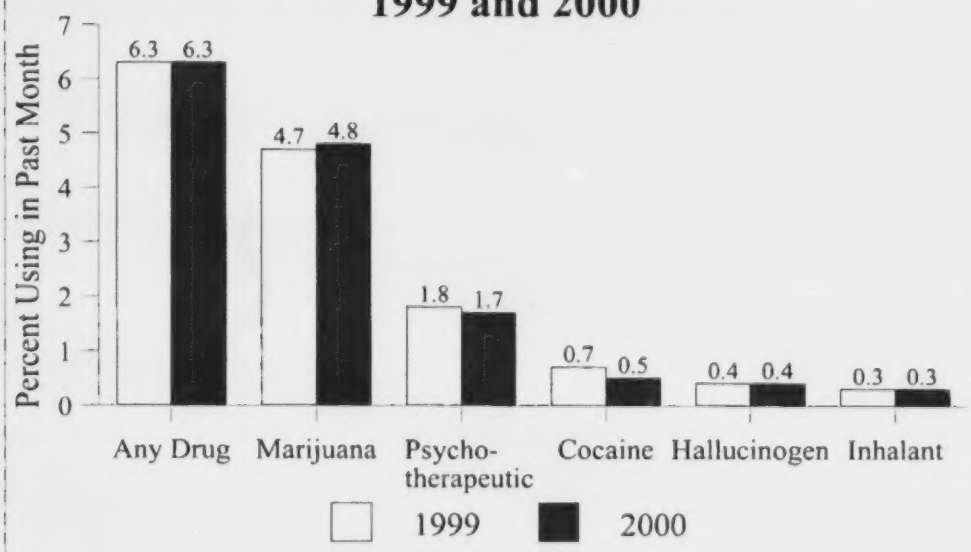
- The percentage of the population using illicit drugs did not change from 1999 to 2000 (6.3 percent in both years). There were no statistically significant changes in the overall rates of current use of any of the major illicit drug categories tracked by the survey (Figure 2.2).

Figure 2.1. Types of Drugs Used by Past Month Illicit Drug Users Aged 12 and Older: 2000



14.0 Million Illicit Drug Users

Figure 2.2. Past Month Illicit Drug Use Among Persons Aged 12 and Older, by Drug: 1999 and 2000



- In 2000, an estimated 1.2 million Americans were current cocaine users. This represents 0.5 percent of the population aged 12 and older. The estimated number of current crack users in 2000 is 265,000.

- In 2000, an estimated 1 million Americans were current users of hallucinogens. This number represents 0.4 percent of the population aged 12 and older.

- In 2000, an estimated 6.4 million persons had tried ecstasy at least once in their lifetime. This is more than the estimated 5.1 million lifetime users in 1999. The 2000 NHSDA was not designed to report past month or past year use of ecstasy.

- In 2000, an estimated 130,000 Americans were current heroin users. This represents 0.1 percent of the population aged 12 and older.

Age

- Rates and patterns of drug use show substantial variation by age. For example, 3.0 percent of youths aged 12 and 13 reported current illicit drug use in 2000. Among youth, rates increase with age, peaking in the age group 18 to 20 years (19.6 percent). Beyond age 20, the rates generally decline with increasing age. Adults age 40 to 44 years were an exception to this pattern in both 1999 and 2000, with rates higher than the 35 to 39 year old age group. Members of this cohort in their early forties in 2000 were teenagers during the 1970s, the period when drug use incidence and prevalence rates were rising dramatically. Rates declined consistently in age groups older than age 44, but were still above 2 percent for adults in their fifties (Figure 2.3).

- Among youth aged 12 to 17, 9.7 percent had used an illicit drug within the 30 days prior to interview in 2000. This rate is about the same as the rate for youth in 1999 (9.8 percent).

- Among youth aged 12 and 13, the rate of past month illicit drug use declined from 3.9 percent in 1999 to 3.0 percent in 2000. This was primarily due to a significant drop in inhalant use (from 1.3 percent to 0.7 percent). Marijuana use in this age group was lower in 2000 than in 1999, but this change is not statistically significant (Figure 2.4).

- There were no changes between 1999 and 2000 in rates of use for any of the illicit drug categories for youths aged 14 and 15 (Figure 2.5).

- Use of psychotherapeutics nonmedically increased among youths aged 16 and 17 between 1999 and 2000, from 3.4 percent to 4.3 percent. The increase was observed for pain relievers as well as stimulants (particularly methamphetamine). Overall illicit drug use among youths aged 16 and 17 was higher in 2000 than in 1999, but the change did not reach statistical significance (Figure 2.6).

Figure 2.3. Past Month Illicit Drug Use by Age: 2000

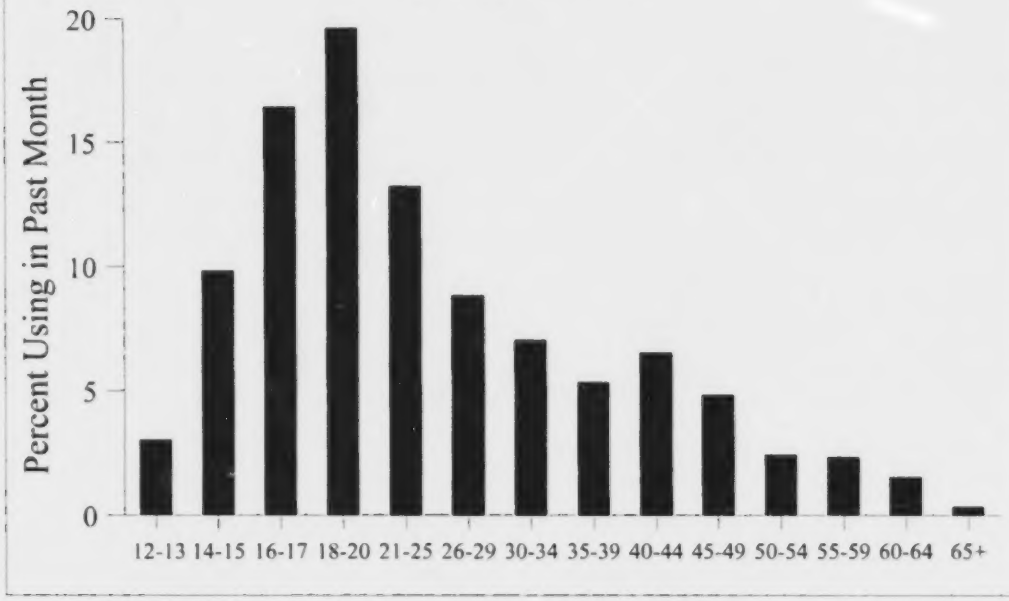


Figure 2.4. Past Month Illicit Drug Use Among Youths Aged 12 and 13: 1999 and 2000

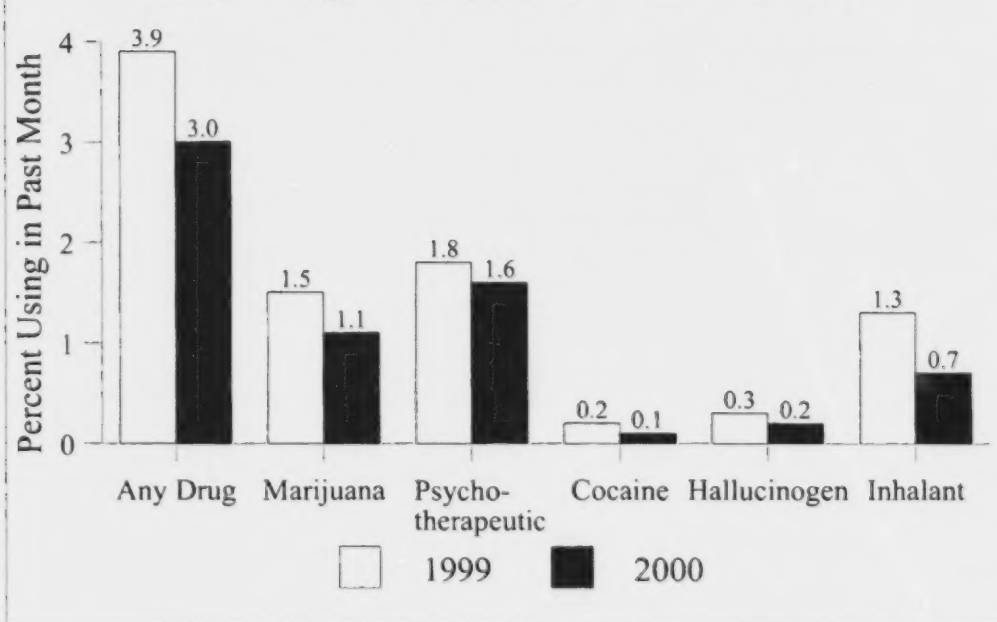


Figure 2.5. Past Month Illicit Drug Use Among Youths Aged 14 and 15: 1999 and 2000

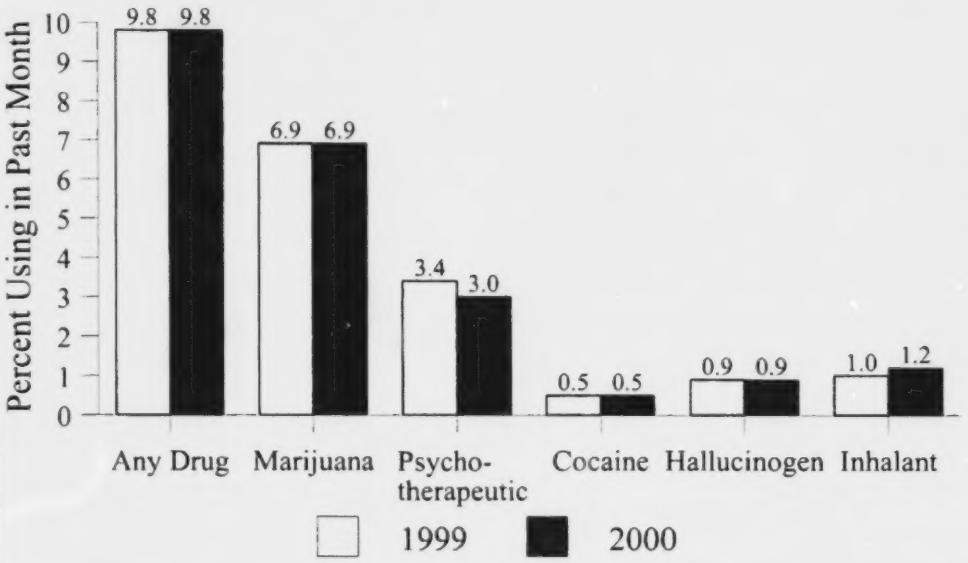
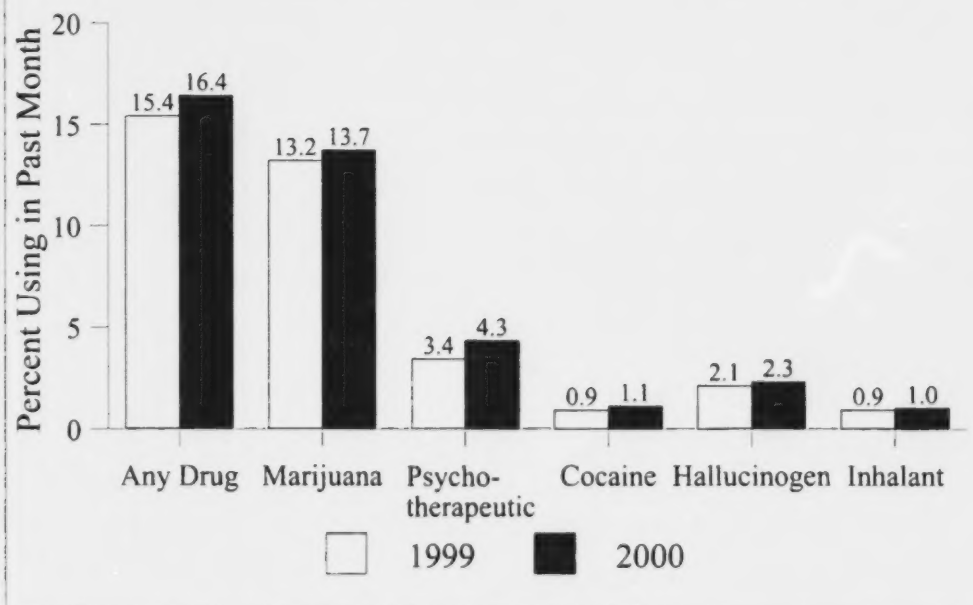


Figure 2.6. Past Month Illicit Drug Use Among Youths Aged 16 and 17: 1999 and 2000



- There were few changes in rates of drug use among adult age groups (18 to 25 years and 26 years and older) between 1999 and 2000 (Figures 2.7 and 2.8). Among young adults aged 18 to 25, past month use of crack declined from 0.3 percent to 0.1 percent, and stimulant use declined from 1.1 percent to 0.8 percent. These declines occurred among those aged 21 to 25, but not among those aged 18 to 20. There were no changes in rates for older adults aged 26 and older, although a decline in crack use and increases in hallucinogen and nonmedical pain reliever use were observed among adults age 26 to 34 years.

- While rates of use of most drugs in 2000 were higher among youth and young adults than among older adults, the age distribution of users varied considerably by type of drug. Overall, about half (49 percent) of current illicit drug users were under age 26. However, 83 percent of hallucinogen users and 62 percent of inhalant users were under age 26 in 2000. Conversely, only 32 percent of heroin users, 43 percent of cocaine users and 45 percent of nonmedical psychotherapeutic users were under age 26.

- Approximately 2.1 million youths aged 12 to 17 had used inhalants at some time in their lives as of 2000. This constituted 8.9 percent of youths. Of youth, 3.9 percent had used glue, shoe polish, or Toluene, and 3.3 percent had used gasoline or lighter fluid.

Gender

- As in prior years, men continued to have a higher rate of current illicit drug use than women (7.7 percent vs. 5.0 percent) in 2000. However, the rates of nonmedical psychotherapeutic use were similar for males (1.8 percent) and females (1.7 percent).

- Between 1999 and 2000, the rate of past month marijuana use among women aged 12 and older increased from 3.1 percent to 3.5 percent. This was primarily due to an increase in use among women aged 26 and older, from 1.4 percent in 1999 to 2.0 percent in 2000.

- Among youths aged 12 to17 in 2000, the rate of current illicit drug use was similar for boys (9.8 percent) and girls (9.5 percent). While boys aged 12 to 17 had a slightly higher rate of marijuana use than girls (7.7 percent compared to 6.6 percent), girls were somewhat more likely to use psychotherapeutics nonmedically than boys (3.3 percent compared to 2.7 percent) (Figure 2.9).

- Between 1999 and 2000, there was no significant change in the rate of current illicit drug use for either males or females aged 12 to 17 years.

Figure 2.7. Past Month Illicit Drug Use Among Young Adults Aged 18 to 25: 1999 and 2000

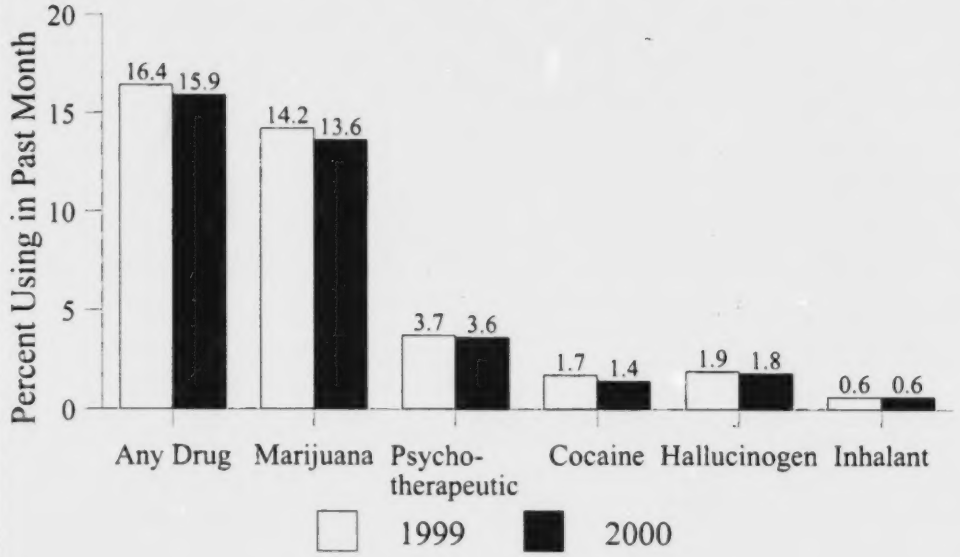
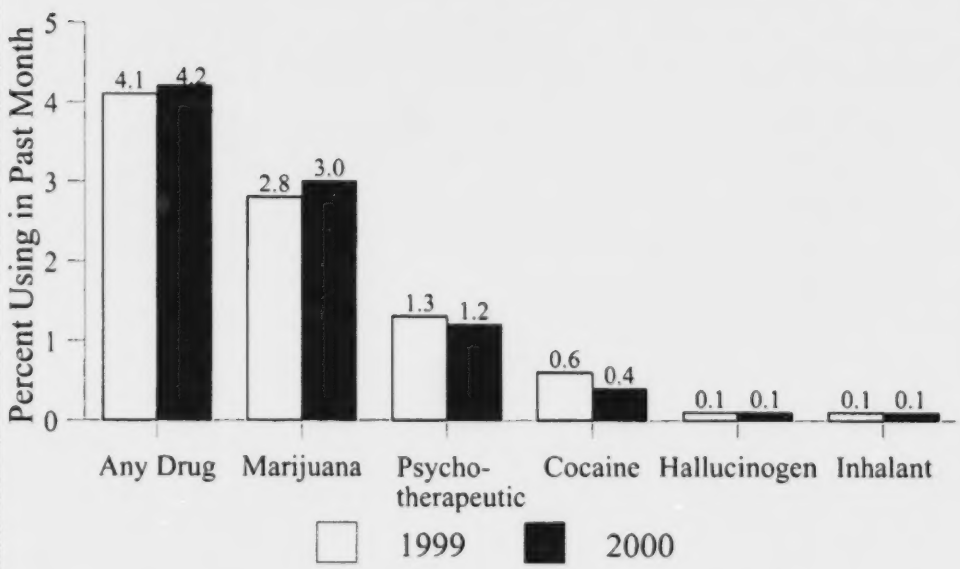
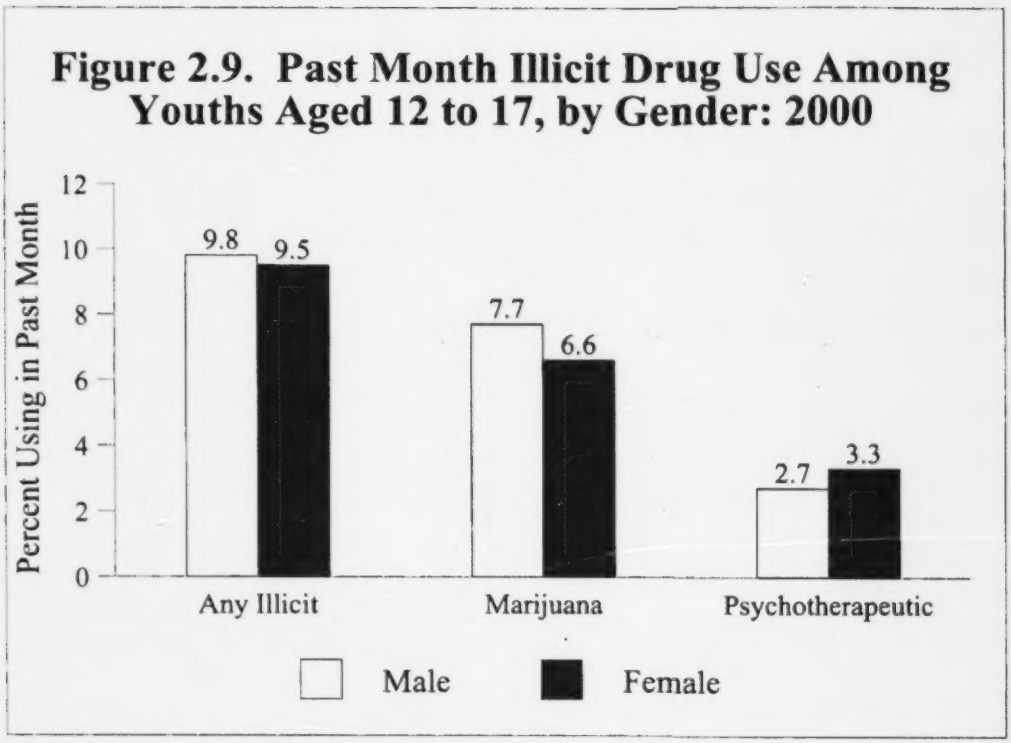


Figure 2.8. Past Month Illicit Drug Use Among Adults Aged 26 and Older: 1999 and 2000





Pregnant Women

- Among pregnant women aged 15 to 44 years, 3.3 percent reported using illicit drugs in the month prior to interview (based on the combined 1999 and 2000 NHSDA samples). This rate is significantly lower than the rate among non-pregnant women aged 15 to 44 years (7.7 percent). Among pregnant women aged 15 to 17 years, the rate of use was 12.9 percent, nearly equal to the rate for non-pregnant women of the same age (13.5 percent)(Figure 2.10).

- In 2000, the rate of current illicit drug use was higher among black pregnant women (7.1 percent) than among white (2.9 percent) or Hispanic (2.1 percent) pregnant women (Figure 2.11).

Figure 2.10. Past Month Illicit Drug Use Among Pregnant Women, by Age: 1999-2000 Annual Averages

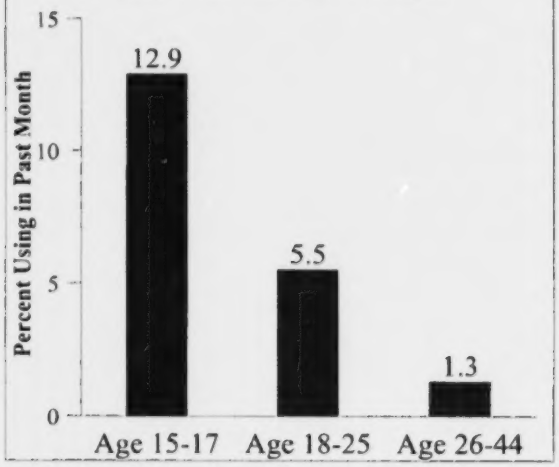
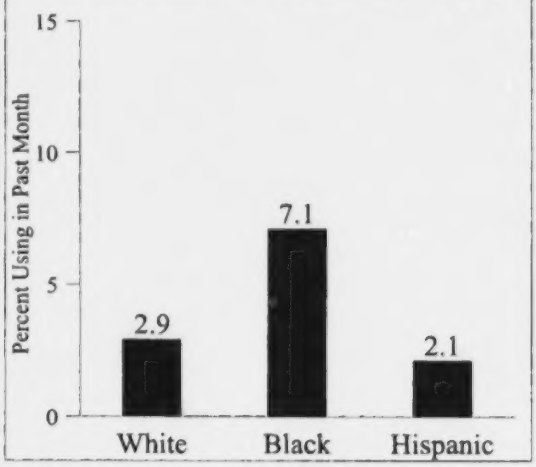


Figure 2.11. Past Month Illicit Drug Use Among Pregnant Women Aged 15 to 44, by Race/Ethnicity: 1999-2000 Annual Averages



Race/Ethnicity

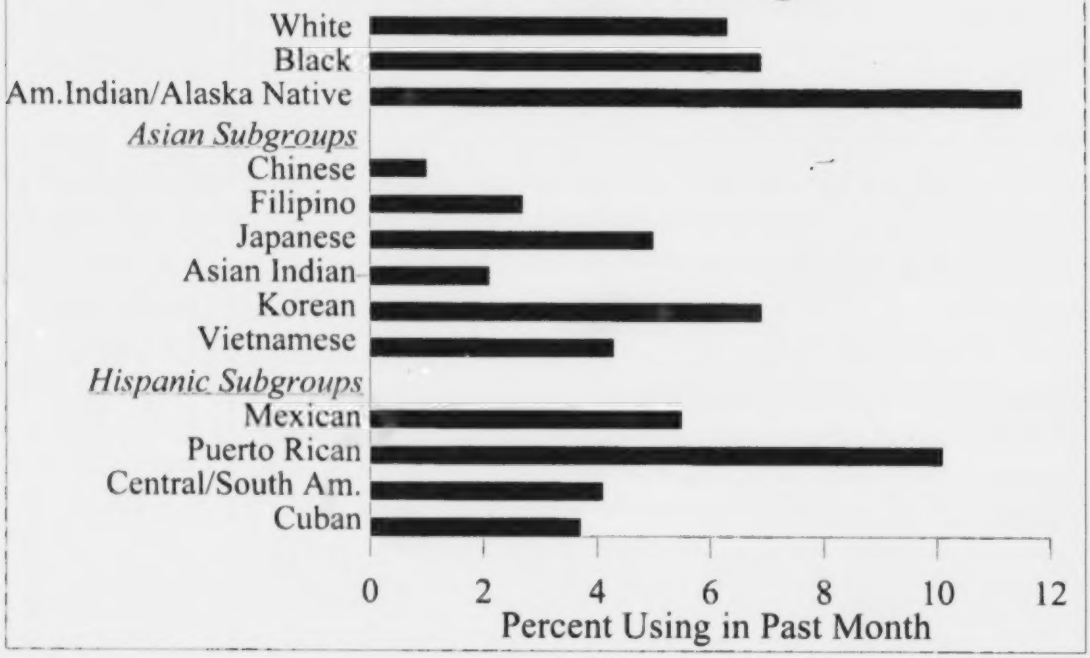
- The rates of current illicit drug use for major racial/ethnic groups in 2000 were 6.4 percent for whites, 5.3 percent for Hispanics, and 6.4 percent for blacks. The rate was highest among the American Indian/Alaska Native population (12.6 percent) and among persons reporting more than one race (14.8 percent). Asians had the lowest rate (2.7 percent).

- Although Asians as a group had the lowest rate of current illicit drug use, there were variations among the various specific Asian subgroups. For persons aged 12 and older, the rates ranged from 1.0 percent of Chinese and 2.1 percent of Asian Indians to 6.9 percent of Koreans, 5.0 percent of Japanese, and 4.3 percent of Vietnamese. These estimates are based on combined 1999 and 2000 NHSDA data, to ensure adequate sample sizes for these population subgroups (Figure 2.12).

- Based on combined 1999 and 2000 data, rates of past month illicit drug use in the population aged 12 and older were 10.1 percent for Puerto Ricans, 5.5 percent for Mexicans, 4.1 percent for Central or South Americans, and 3.7 percent for Cubans (Figure 2.12).

- Among youths aged 12 to 17 years, the rate of current illicit drug use was highest among American Indian/Alaska Natives (22.2 percent for combined 1999 and 2000 data).

Figure 2.12. Past Month Illicit Drug Use Among Persons Aged 12 and Older, by Race/Ethnicity: 1999-2000 Annual Averages



Education

- Illicit drug use rates are correlated with educational status. Among adults aged 18 and older in 2000, college graduates had the lowest rate of current use (4.2 percent). The rate was 6.3 percent among adults who had not completed high school. This is despite the fact that adults who had completed four years of college were more likely to have tried illicit drugs in their lifetime when compared to adults who had not completed high school (44.6 percent vs. 28.9 percent).

College Students

- In the college age population (aged 18 to 22 years) the rate of current illicit drug use was nearly the same among full-time undergraduate college students (18.4 percent) as for other persons aged 18 to 22 years, including part-time students, students in other grades, or non-students (18.2 percent). The rate of use was unchanged between 1999 and 2000 for both students and non-students.

Employment

- Current employment status is also highly correlated with rates of illicit drug use. An estimated 15.4 percent of unemployed adults (aged 18 and older) were current illicit drug users in 2000, compared with 6.3 percent of full-time employed adults and 7.8 percent of part-time employed adults.

- Although the rate of drug use is higher among unemployed persons than other employment groups, most drug users are employed. Of the 11.8 million adult illicit drug users in 2000, 9.1 million (77 percent) were employed either full time or part time.

Geographic Area

- The rate of current illicit drug use in 2000 was 8.0 percent in the West region, 6.6 percent in the Northeast, 5.7 percent in the Midwest region, and 5.5 percent in the South. By geographic division, rates ranged from 10.0 percent in New England and 8.3 percent in the Pacific division to 4.9 percent in the West South Central division and 4.1 percent in the West North Central division. Between 1999 and 2000, the rate in the West North Central Division declined from 5.4 percent to 4.1 percent.

- The rate of illicit drug use in metropolitan areas was higher than the rate in nonmetropolitan areas. Rates were 6.5 percent in large metropolitan areas, 6.7 percent in small metropolitan areas, and 5.1 percent in nonmetropolitan areas. Rural nonmetropolitan counties had lower rates of illicit drug use than other counties. Rates were 3.9 percent in completely rural counties and 4.5 percent in less urbanized nonmetropolitan counties. (Figure 2.13)

- Among youth in 2000, rates of any illicit drug use were similar across county types. Rates ranged from 8.0 percent in less urbanized nonmetropolitan counties to 11.5 percent in urbanized nonmetropolitan counties. The rate of use for youth in large metropolitan areas was 9.4 percent.

Figure 2.13. Past Month Illicit Drug Use Among Persons Aged 12 and Older, by County Type: 1999 and 2000

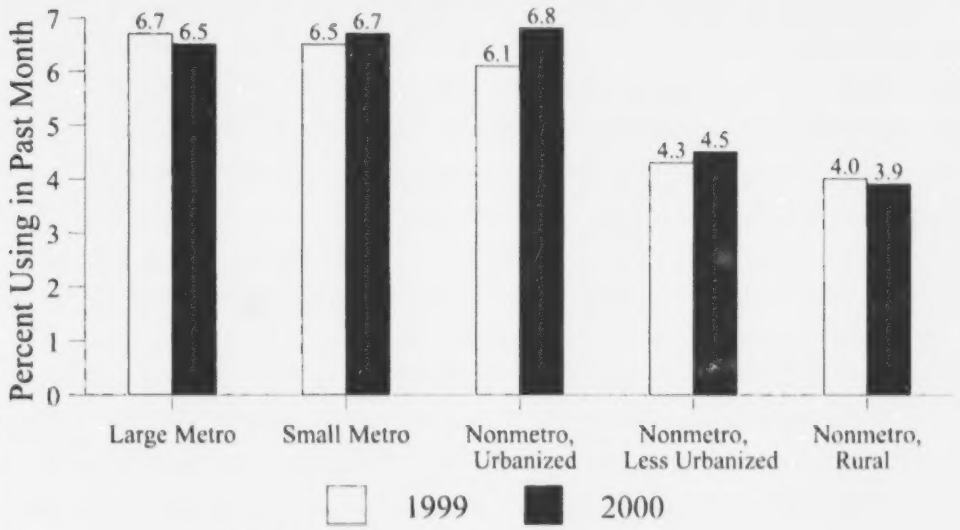
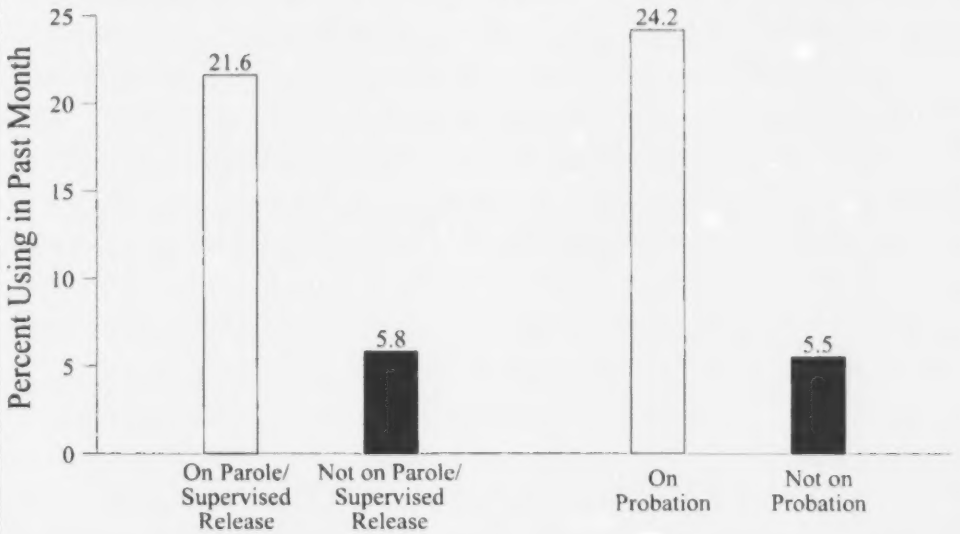


Figure 2.14. Past Month Illicit Drug Use Among Adults, by Parole and Probation Status: 2000



Criminal Justice Populations

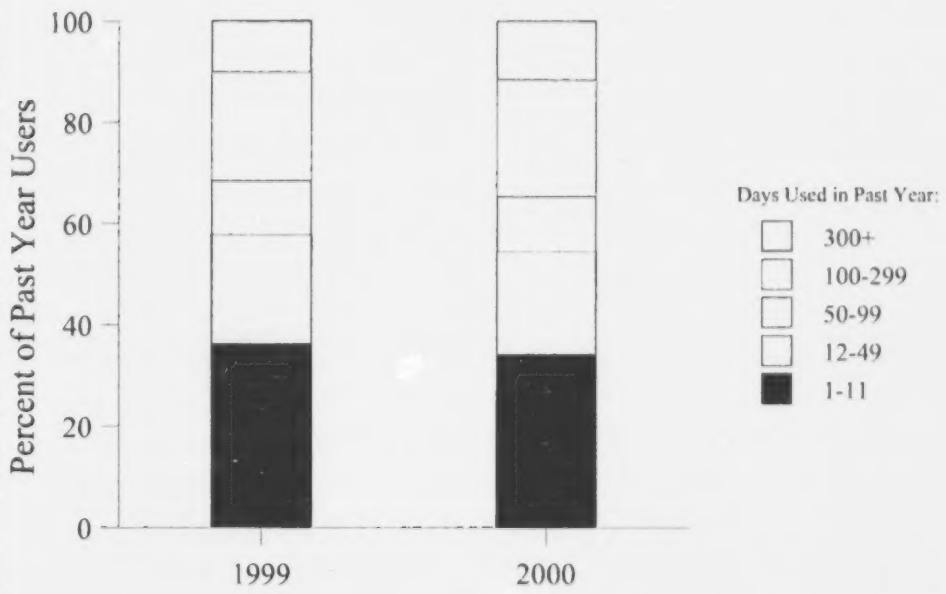
- In 2000, among the estimated 1.2 million adults on parole or other supervised release from prison during the past year, 21.6 percent had used an illicit drug in the past month. This rate is higher than the rate for adults not on parole or supervised release (5.8 percent) (Figure 2.14).

- Among the estimated 3.7 million adults on probation at some time in the past year, 24.2 percent reported using an illicit drug in the past month in 2000. This compares with a rate of 5.5 percent among adults not on probation (Figure 2.14).

Frequency of Use

- Between 1999 and 2000, the frequency of marijuana use among past year users increased. In 1999, 31.6 percent of past year marijuana users used on 100 or more days in the past 12 months, including 10.2 percent who used on 300 or more days. In 2000, the comparable percentages were 34.7 and 11.7, respectively (Figure 2.15). This occurred among a relatively constant number of past year marijuana users (19.1 million in 1999 and 18.6 million in 2000).

Figure 2.15. Frequency of Marijuana Use Among Past Year Users Aged 12 and Older: 1999 and 2000



- There was evidence of the shift to more frequent use in each of the three primary age groups (12 to 17, 18 to 25, and 26 and older), although the change was relatively small and not statistically significant among young adults aged 18 to 25.

Association with Cigarette and Alcohol Use

- The rate of past month illicit drug use among both adults and youths was higher among those that were currently using cigarettes or alcohol, compared with adults and youths not using cigarettes or alcohol. In 2000, 4.6 percent of nonsmokers aged 12 to 17 years used illicit drugs, while among youths who used cigarettes, the rate of past month illicit drug use was 42.7 percent. The rate of illicit drug use was also associated with the level of alcohol use. Among youths who were heavy drinkers in 2000, 65.5 percent were also current illicit drug users. Among nondrinkers, only 4.2 percent were current illicit drug users.

Driving Under the Influence of Illicit Drugs

- An estimated 7.0 million persons reported driving under the influence of an illicit drug at some time in the past year. This corresponds to 3.1 percent of the population aged 12 and older, and is significantly lower than the rate in 1999 (3.4 percent). Among young adults aged 18 to 25 years, 10.7 percent drove under the influence of illicit drugs at least once in the past year.

- Of the 7.0 million persons who had driven under the influence of illicit drugs in the past year, most (77 percent) had also driven under the influence of alcohol.

3. ALCOHOL USE

A set of questions on the NHSDA asks about the recency and frequency of the consumption of alcoholic beverages such as beer, wine, brandy, and mixed drinks. An extensive list of examples of the kinds of beverages covered is given to respondents prior to the question administration. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when the respondent only had a sip or two from a drink are not considered as consumption. For this report, estimates for the prevalence of alcohol use are primarily at three levels defined as follows:

Current use - At least one drink in the past 30 days (includes binge and heavy use).
Binge use - Five or more drinks on the same occasion at least once in the 30 days prior to survey (includes heavy use).
Heavy use - Five or more drinks on the same occasion at least five different days in the past 30 days.

A summary of the findings from the 2000 NHSDA alcohol questions is given below:

- Almost half of Americans aged 12 and older reported being current drinkers of alcohol in the 2000 survey (46.6 percent). This translates to an estimated 104 million people. Both the rate of alcohol use and the number of drinkers were nearly the same in 2000 as in 1999 (46.4 percent and 103 million).

- Approximately one-fifth (20.6 percent) of persons aged 12 years and older (46 million people) participated in binge drinking at least once in the 30 days prior to survey. This represents approximately 44 percent of all current drinkers. These 2000 estimates are all similar to the estimates for 1999.

- Heavy drinking was reported by 5.6 percent of the population aged 12 and older, or 12.6 million people. These 2000 estimates are almost identical to the 1999 estimates.

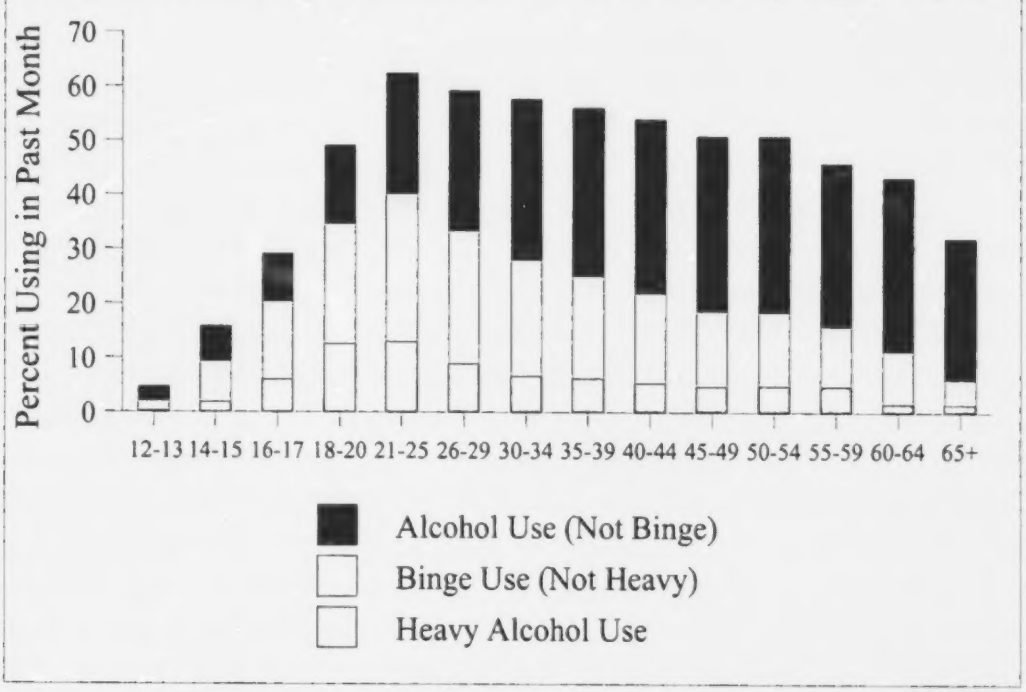
Age

- For current alcohol use, binge drinking, and heavy alcohol use, 21 is the age of peak prevalence. This was the case in both 1999 and 2000.

- The prevalence of current alcohol use in 2000 increased with increasing age for youth, from 2.4 percent at age 12 to a peak of 65.2 percent for persons 21 years old. Unlike prevalence patterns observed for cigarettes and illicit drugs, current alcohol use remained steady among older age groups. For people aged 21 to 25 and those aged 26 to 34, the rates of current alcohol use were 62.4 and 58.3 percent, respectively, in 2000. The prevalence of alcohol use was slightly lower for persons in their 40s. In the case of those aged 60 to 64, past month drinking was reported by 43.2 percent of respondents and 32.0 percent of persons 65 and older reported current drinking (Figure 3.1).

- The highest prevalence of both binge and heavy drinking in 2000 was for young adults aged 18 to 25, with the peak rate occurring at age 21. The rate of binge drinking was 37.8 percent for young adults and 45.2 percent at age 21. Heavy alcohol use was reported by 12.8 percent of persons aged 18 to 25, and 16.7 percent among persons age 21. Binge and heavy alcohol use rates decrease faster with increasing age than do rates of past month alcohol use. While half of the population aged 45 to 49 in 2000 were current drinkers, fewer than one in five persons within this age range binge drank and fewer than one in twenty drank heavily (Figure 3.1).

Figure 3.1. Past Month Alcohol Use by Age: 2000



- Among youths aged 12 to 17 years, an estimated 16.4 percent used alcohol in the month prior to the survey interview. Of all youths, 10.4 percent were binge drinkers, and 2.6 percent were heavy drinkers. All three of these rates are nearly identical to the corresponding rates in 1999.

Underage Alcohol Use

- About 9.7 million persons aged 12 to 20 reported drinking alcohol in the month prior to the survey interview in 2000 (27.5 percent of this age group). Of these, 6.6 million (18.7 percent of persons aged 12 to 20) were binge drinkers and 2.1 million (6.0 percent of persons aged 12 to 20) were heavy drinkers. All of these 2000 rates are similar to rates observed in 1999.

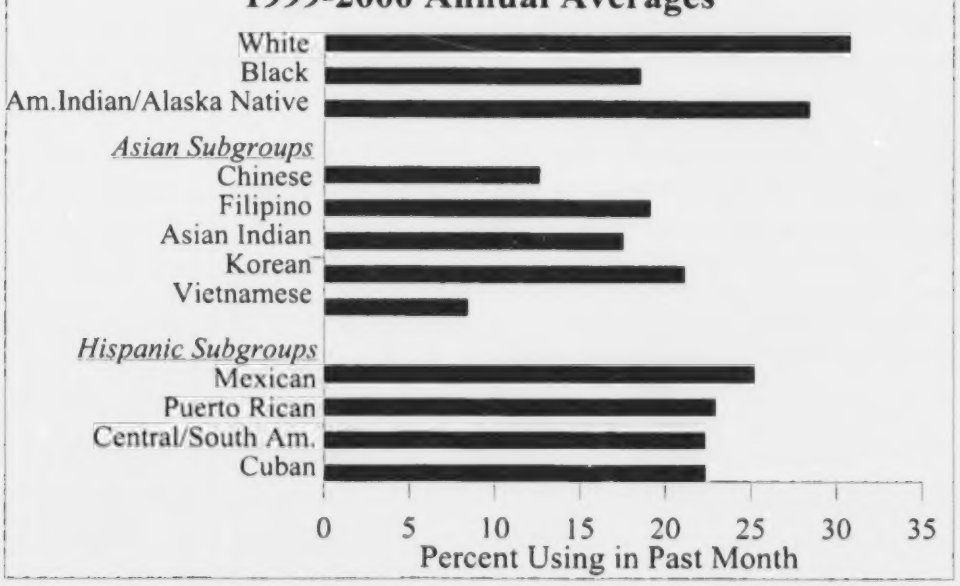
- Binge alcohol rates in 2000 were 1.0 percent for 12 year olds, 3.0 percent for 13 year olds, and 6.0 percent for 14 year olds.

- Males aged 12 to 20 were more likely than their female peers to report binge drinking in 2000 (21.3 percent compared to 15.9 percent).

- Among people aged 12 to 20, past month alcohol use rates ranged from 13.5 percent for Asians to 30.7 percent for whites and 29.3 percent for American Indians and Alaska Natives. The rate for Asians decreased from 19.8 percent in 1999 to 13.5 percent in 2000. Binge drinking was reported by 21.4 percent of underage whites and 20.3 percent of underage American Indians or Alaska Natives, but only 7.9 percent of underage Asians and 10.3 percent of underage blacks.

- Combined 1999 and 2000 data indicate variations in the rates of underage alcohol use across Asian subgroups. Rates of past month use ranged from 8.4 percent for Vietnamese and 12.6 percent for Chinese to 19.1 percent for Filipino and 21.1 percent for Korean (Figure 3.2).

Figure 3.2. Past Month Alcohol Use Among Youths Aged 12 to 20, by Race/Ethnicity: 1999-2000 Annual Averages



- Across geographic divisions in 2000, underage current alcohol use rates ranged from 23.1 percent in the East South Central Division and 23.8 percent in the Pacific Division to 34.9 percent in New England. Between 1999 and 2000, there was a decrease in underage drinking in the Midwest Region (from 31.6 percent to 29.3 percent), and an increase in underage drinking in the South Atlantic Division (from 22.8 percent to 26.5 percent).

- In 2000, underage current alcohol use rates were similar in large metropolitan areas (26.5 percent), small metropolitan areas (28.8 percent), and nonmetropolitan areas (27.7 percent). The rate in nonmetropolitan rural areas was 24.5 percent.

Gender

- Except among youths aged 12 to 17, males were more likely than females to report past month alcohol drinking. In 2000, 53.6 percent of males (ages 12 and older) were current drinkers compared to 40.2 percent of females.

- For the youngest age group (12 to 17), males and females had comparable rates of current alcohol use in 2000 (16.2 percent of males and 16.5 percent of females). However, rates of binge and heavy alcohol use were slightly higher among male youths than female youths in both 1999 and 2000.

Pregnant Women

- Among pregnant women aged 15-44 years in 1999 and 2000 combined, 12.4 percent used alcohol and 3.9 percent were binge drinkers. These rates are substantially lower than the rates for nonpregnant women of that age (48.7 percent and 19.9 percent, respectively).

Race/Ethnicity

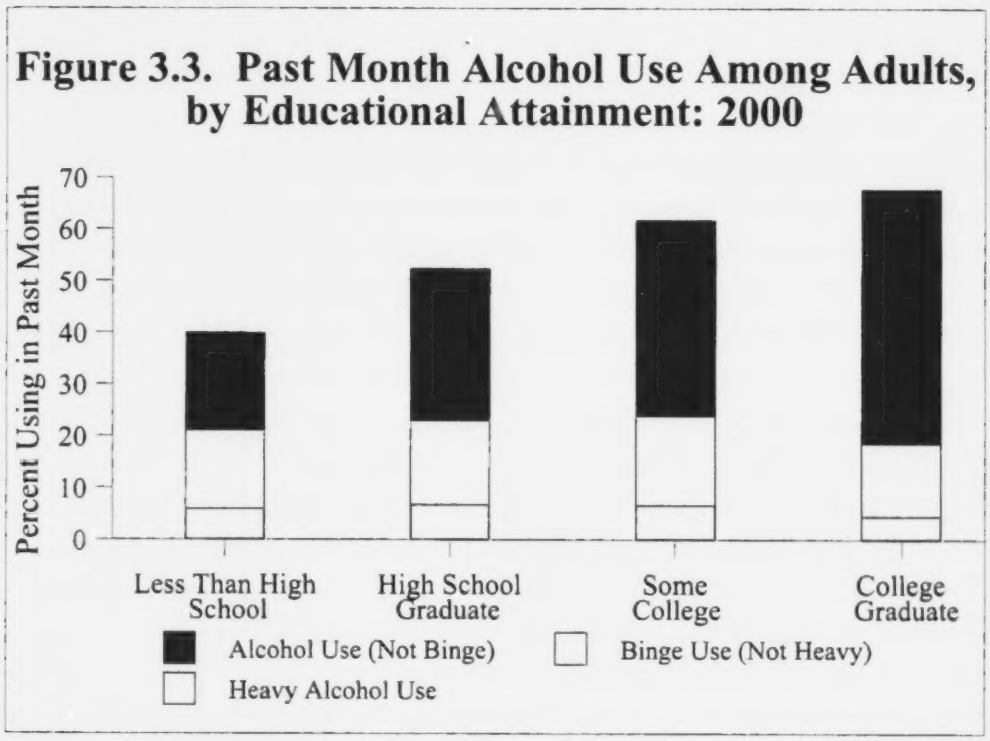
- Whites were more likely than any other race/ethnicity group to report current use of alcohol in 2000. An estimated 50.7 percent of whites reported past month use. The next highest rates were for persons reporting more than one race (41.6 percent) and Hispanics (39.8 percent). The lowest current drinking rate was observed for Asians (28.0 percent). The rate was 33.7 percent for blacks and 35.1 for American Indians/Alaska Natives.

- Binge alcohol use was least likely to be reported by Asians (11.6 percent) and most likely to be reported by American Indians/Alaska Natives (26.2 percent).

- Among youths aged 12 to 17 years in 2000, blacks and Asians were least likely to report past month alcohol use. Only 7.1 percent of Asian youths and 8.8 percent of black youths were current drinkers, while rates were above 16 percent for other racial/ethnic groups.

Education

- The rate of past month alcohol use increased with increasing levels of education. Among adults aged 18 and older with less than a high school education, 33.9 percent were current drinkers in 2000, while 63.2 percent of college graduates were current drinkers. However, binge and heavy drinking was least prevalent among college graduates (Figure 3.3).



College Students

- Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time (this category includes part-time college students and persons not enrolled in college) to report all 3 levels of drinking in 2000. Past month alcohol use was reported by 62.0 percent of full-time college students compared to 50.8 percent of their counterparts who were not currently enrolled full-time. Binge and heavy use rates for college students were 41.4 percent and 16.4 percent, respectively, compared with 35.9 percent and 12.1 percent, respectively, for other persons aged 18 to 22.

- Among full-time college students 18 to 22 years of age, males were more likely than females to report all three levels of drinking in 2000. Of the full-time undergraduates, 65.3 percent of males and 59.0 percent of females reported current alcohol use. Among full-time male college students, 48.9 percent reported binge drinking and 22.7 percent reported heavy drinking. More than a third (35.0 percent) of female full-time college students were binge drinkers in the 2000 survey and 10.9 percent reported heavy alcohol use.

Employment

- Rates for current alcohol use were 57.3 percent for full-time employed adults aged 18 and older in 2000 compared to 49.1 percent of their unemployed peers. The pattern is different for binge and heavy alcohol use; rates were higher for unemployed than for full-time employed persons, although differences were not statistically significant.

Geographic Area

- The rate of past month alcohol use in the population aged 12 and older in 2000 was lowest in the East South Central Division (33.7 percent) and highest in New England (59.3 percent).

- Among all people aged 12 and older, the rate of alcohol use in 2000 was highest in large metropolitan areas (50.1 percent) and lowest in completely rural areas (35.6 percent). However, there was less variation across county types in rates of binge and heavy drinking. The rate of heavy alcohol use was 5.2 percent in large metropolitan areas and 6.9 percent in completely rural areas.

- Patterns of alcohol use across county type varied by age group in 2000. For example, among youths aged 12 to 17, rates of past month alcohol use as well as heavy alcohol use were higher in rural areas than in large metropolitan areas. Among young adults aged 18 to 25, the rate of past month use was higher in large metropolitan areas than rural areas, while there was no difference in heavy use rates across these county types. For older adults (age 26 and older), past month use was greater in large metropolitan areas and heavy use was greater in rural areas. (Figures 3.4 and 3.5)

Figure 3.4. Past Month Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2000

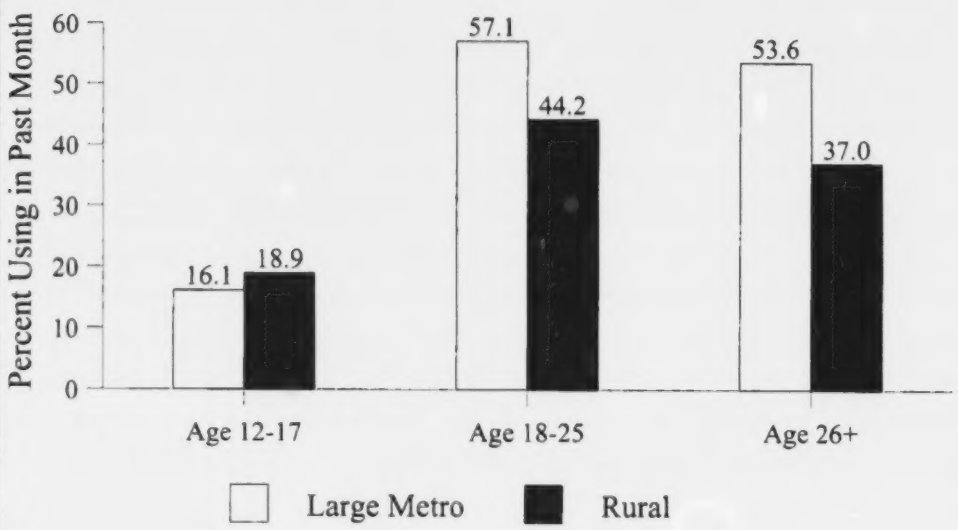
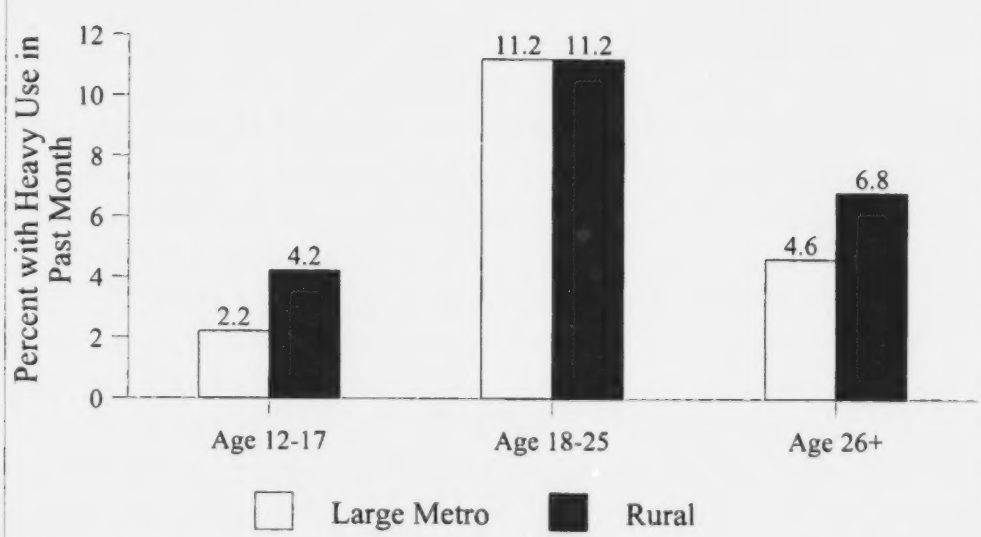


Figure 3.5. Heavy Alcohol Use in Large Metropolitan and Rural Counties, by Age: 2000



Association with Illicit Drug and Tobacco Use

- As observed in prior years, the level of alcohol use was strongly associated with illicit drug use in 2000. Among the 12.6 million heavy drinkers aged 12 and older, 30.0 percent were current illicit drug users. For binge drinkers who were not heavy drinkers, 13.9 percent reported past month illicit drug use. Other drinkers (i.e. past month alcohol use but not binge drinking) had a rate of 4.6 percent for current illicit drug use, and persons who did not use alcohol in the past month were least likely to use illicit drugs (2.5 percent).

- Drinking levels were also associated with tobacco use. Among heavy alcohol users, 60.1 percent smoked cigarettes in the past month, while only 21.3 percent of non-binge current drinkers and 17.9 percent of nondrinkers were current smokers. Smokeless tobacco and cigar use was also more prevalent among heavy drinkers than among non-binge drinkers and nondrinkers.

Driving Under the Influence of Alcohol

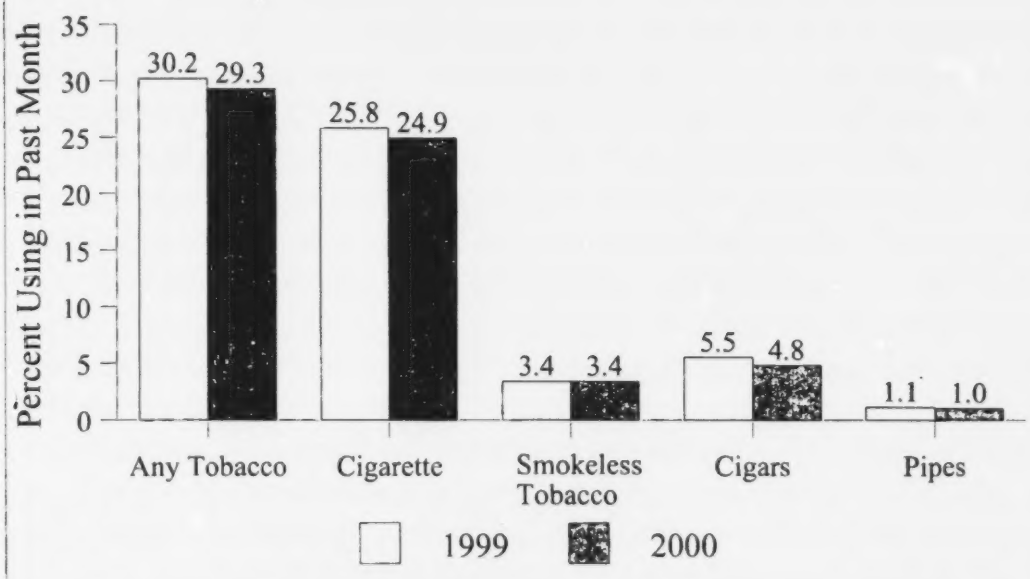
- One in ten Americans aged 12 and older in 2000 (22.3 million persons) drove under the influence of alcohol at least once in the 12 months prior to interview. Between 1999 and 2000, the rate of driving under the influence of alcohol declined from 10.9 percent to 10.0 percent. Among young adults aged 18 to 25 years, 19.9 percent drove under the influence of alcohol in 2000.

4. TOBACCO USE

The NHSDA includes a series of questions asking about the use of several tobacco products, including cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. For analysis purposes, data for chewing tobacco and snuff are combined and referred to as "smokeless tobacco." Cigarette use is counted if respondents reported smoking "part or all of a cigarette." Findings from the 2000 NHSDA are summarized below.

- An estimated 65.5 million Americans reported current use of a tobacco product in 2000, a prevalence rate of 29.3 percent for the population aged 12 and older. Among that same population, 55.7 million (24.9 percent) smoked cigarettes, 10.7 million (4.8 percent) smoked cigars, 7.6 million (3.4 percent) used smokeless tobacco, and 2.1 million (1.0 percent) smoked tobacco in pipes (Figure 4.1).

Figure 4.1. Past Month Tobacco Use Among Persons Aged 12 and Older: 1999 and 2000

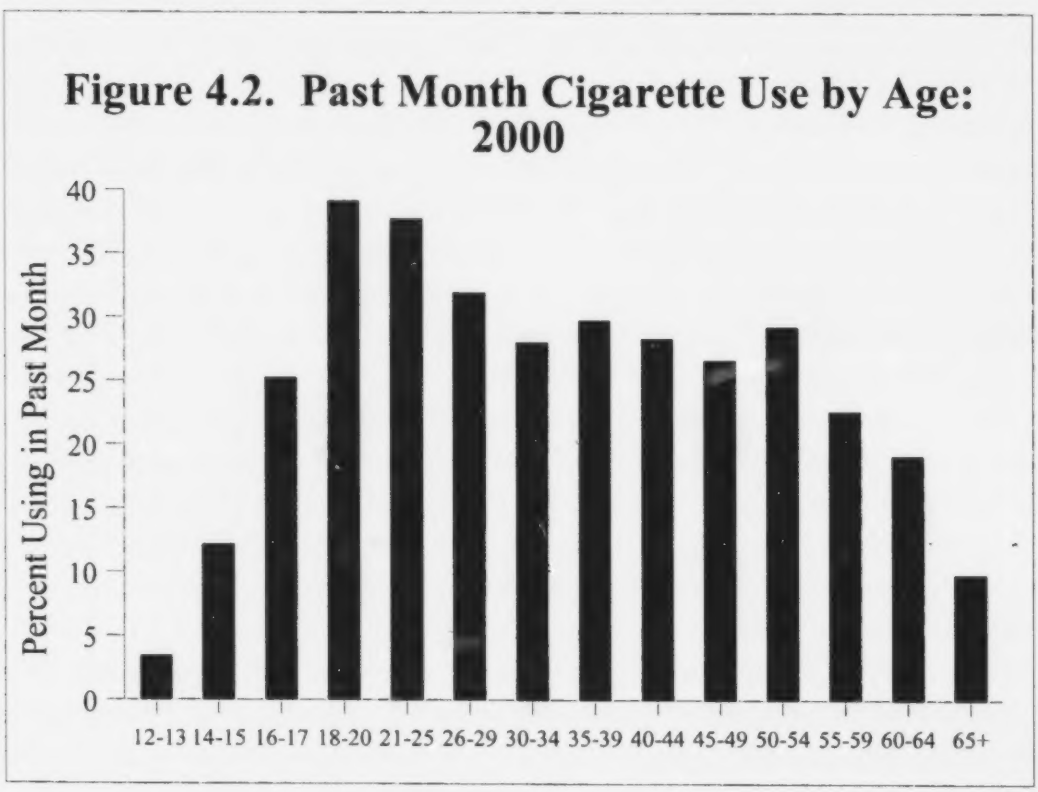


- Although the rate of cigarette use was lower in 2000 than in 1999, the difference between 25.8 percent to 24.9 percent is not statistically significant. However, the rate of past year use of cigarettes decreased significantly between 1999 and 2000, from 30.1 percent to 29.1 percent.

- There was a statistically significant decrease in current cigar use between 1999 and 2000, from 5.5 percent to 4.8 percent for the population aged 12 and older. Rates of use of smokeless tobacco and pipes were unchanged between 1999 and 2000.

Age

- In 2000, current cigarette smoking rates increased steadily by year of age up to age 20, from 1.8 percent at age 12 to 41.4 percent at age 20. Overall, 13.4 percent of youths aged 12 to 17 were current cigarette smokers. Among young adults aged 18 to 25 years, the rate was 38.3 percent, and among adults aged 26 and older the rate was 24.2 percent. After age 25, rates generally declined, reaching 19.1 percent for persons aged 60 to 64 years and 9.8 percent for persons aged 65 and older (Figure 4.2).



- Current cigarette use declined significantly among youths aged 12 to 17 and young adults aged 18 to 25 between 1999 and 2000. For youths, the rate of past month use declined from 14.9 percent in 1999 to 13.4 percent in 2000. The young adult rates were 39.7 percent in 1999 and 38.3 percent in 2000. No significant change was observed in the smoking rate for adults aged 26 and older (24.9 percent in 1999 and 24.2 percent in 2000) (Figures 4.3 and 4.4).

Figure 4.3. Past Month Tobacco Use Among Youths Aged 12 to 17: 1999 and 2000

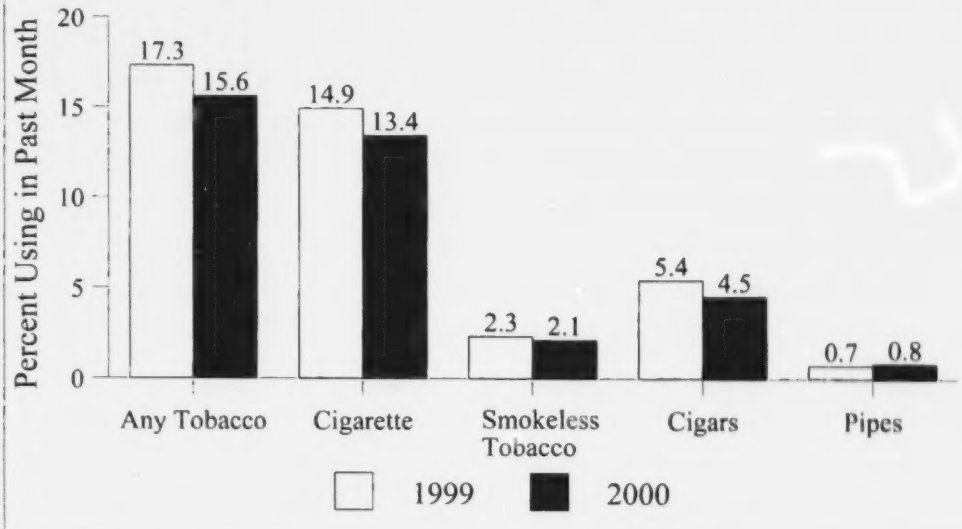
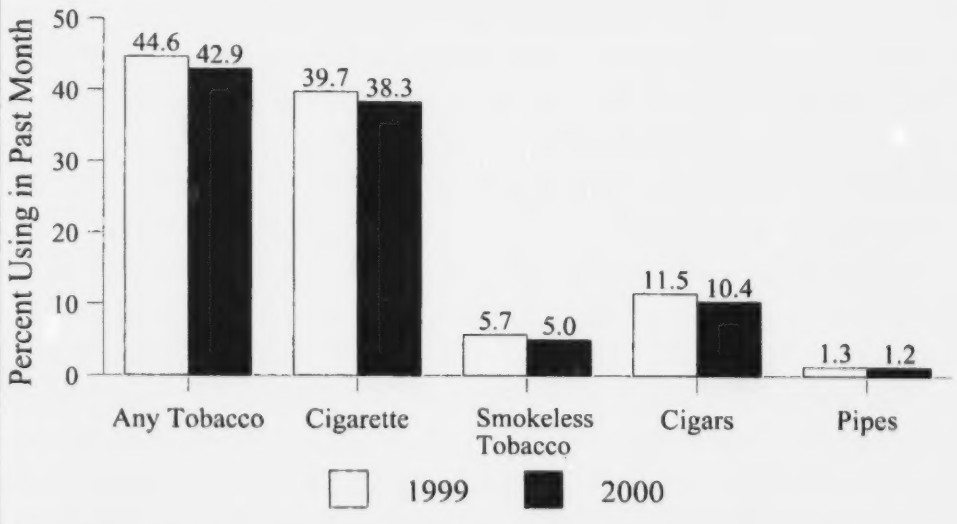


Figure 4.4. Past Month Tobacco Use Among Persons Aged 18 to 25: 1999 and 2000



- Smokeless tobacco use was most prevalent among young adults. Past month use of smokeless tobacco was reported by 5.0 percent of young adults aged 18 to 25 years in 2000, a decrease from 5.7 percent in 1999. Rates were relatively stable among youth aged 12 to 17 (2.1 percent in 2000) and among persons aged 26 and older (3.3 percent in 2000) (Figures 4.3 and 4.4).

- As with other tobacco products, the 18 to 25 year old age group reported the highest prevalence of cigar use in 2000. About one out of ten young adults 18 to 25 years of age (10.4 percent) reported smoking cigars in the month prior to survey. This rate is significantly lower than the rate in 1999 (11.5 percent). Declines in cigar use were also found for youths aged 12 to 17 (from 5.4 percent in 1999 to 4.5 percent in 2000) and for adults aged 26 and older (4.5 percent in 1999 and 3.9 percent in 2000) (Figures 4.3 and 4.4).

Gender

- In 2000, males were more likely than females to report past month use of any tobacco product. In 2000, 35.2 percent of males aged 12 and older were current users of any tobacco product compared to 23.9 percent of females.

- Males aged 12 and older were slightly more likely to smoke cigarettes than were females (26.9 percent vs. 23.1 percent) in 2000. For youths aged 12 to 17, the rate was higher for females (14.1 percent) than males (12.8 percent). Between 1999 and 2000, the rate of cigarette use among males aged 12 to 17 decreased significantly from 14.8 percent to 12.8 percent. The rate for females aged 12 to 17 was 15.0 percent in 1999, and the decrease to 14.1 percent in 2000 is not statistically significant.

- Males were ten times more likely than their female counterparts to report current use of smokeless tobacco in 2000 (6.5 percent of males aged 12 and older compared with 0.5 percent of females).

- As seen for smokeless tobacco, males were more likely than females to report past month cigar use. Specifically, males were five times more likely than females to report the past month use of cigars (8.4 percent compared to 1.5 percent). Significant decreases in cigar use were observed for both males and females between 1999 and 2000.

Pregnant Women

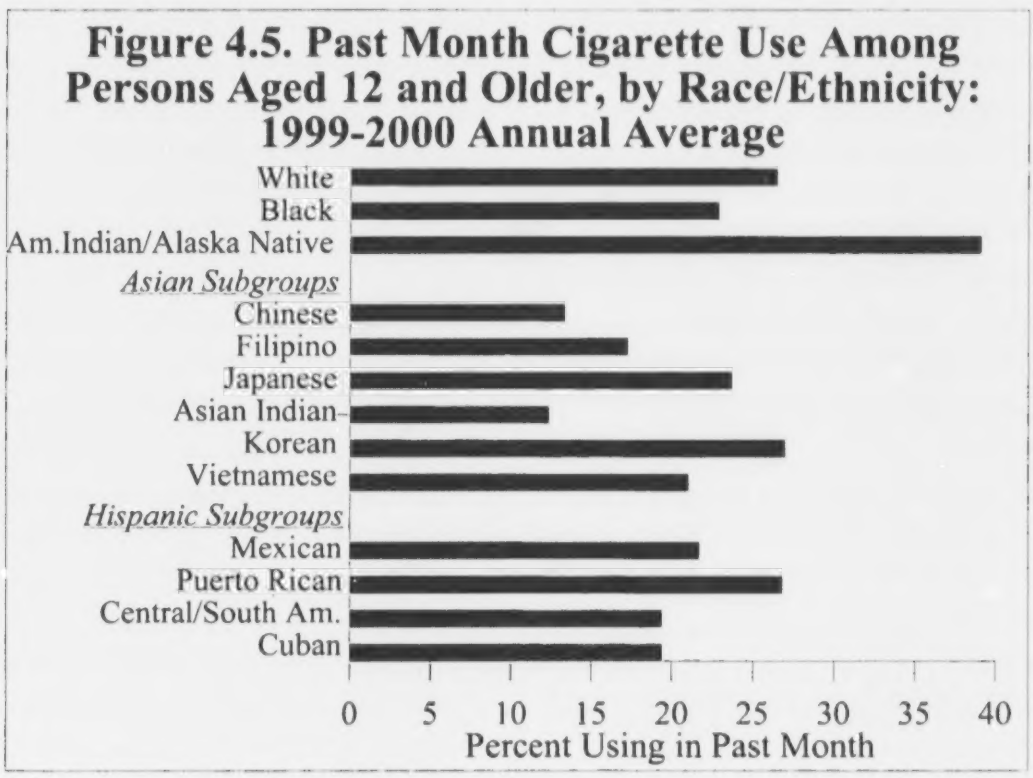
- Based on 1999 and 2000 combined data, 18.6 percent of pregnant women aged 15 to 44 in smoked cigarettes, compared to 29.8 percent of nonpregnant women of the same age.

Race/Ethnicity

- American Indians and Alaska Natives were more likely than any other race/ethnicity group to report the use of tobacco products in 2000. For past month use among persons aged 12 and older, 55.0 percent of American Indians/Alaska Natives reported using at least one form of tobacco. This rate is significantly higher than the rate for this group in 1999 (43.1 percent). The lowest current tobacco use rate in 2000 was observed for Asians (17.9 percent).

- In 2000, current cigarette smoking rates among persons aged 12 and older were 42.3 percent among American Indians/Alaska Natives, 32.3 percent among persons reporting more than one race, 25.9 percent among whites, 23.3 percent for blacks, 20.7 percent for Hispanics, and 16.5 percent for Asians.

- Based on 1999 and 2000 combined data, the rate of current cigarette use in the population aged 12 and older varies across Asian and Hispanic subgroups. The rates for Asians during that period were 27.0 percent for Koreans, 23.7 percent for Japanese, 21.0 percent for Vietnamese, 17.3 percent for Filipinos, 13.4 percent for Chinese, and 12.4 percent for Asian Indians. Among Hispanics aged 12 and older, Puerto Ricans had the highest rate of current cigarette use (26.8 percent). Rates were 21.7 percent for Mexicans, 19.4 percent for Central or South Americans, and 19.4 percent for Cubans (Figure 4.5).



Education

- The prevalence of cigarette smoking decreased with increasing levels of education. Among adults aged 18 and older in 2000, college graduates were the least likely to report smoking cigarettes (13.9 percent) compared to 27.7 percent of adults with some college, 31.1 percent of adults with only a high school diploma, and 32.4 percent of adults who lacked a high school diploma.

College Students

- Young adults aged 18 to 22 enrolled full-time in college in 2000 were less likely than their peers not enrolled full-time (this category includes part-time college students and persons not enrolled in college), to report current cigarette use. Past month cigarette use was reported by 31.4 percent of full-time college students compared to 43.7 percent of their peers who were not enrolled full-time.

Employment

- Rates of current cigarette smoking were 44.2 percent for unemployed adults aged 18 and older in 2000, compared to 28.8 percent of full-time employed adults and 26.0 percent of adults working part-time.

- Rates of smokeless tobacco use by employment status in 2000 displayed a somewhat different pattern than rates of cigarette use. The rates of past month smokeless tobacco use among adults were 4.6 percent for those employed full-time, 3.6 percent among unemployed persons, and 1.6 percent among part-time workers.

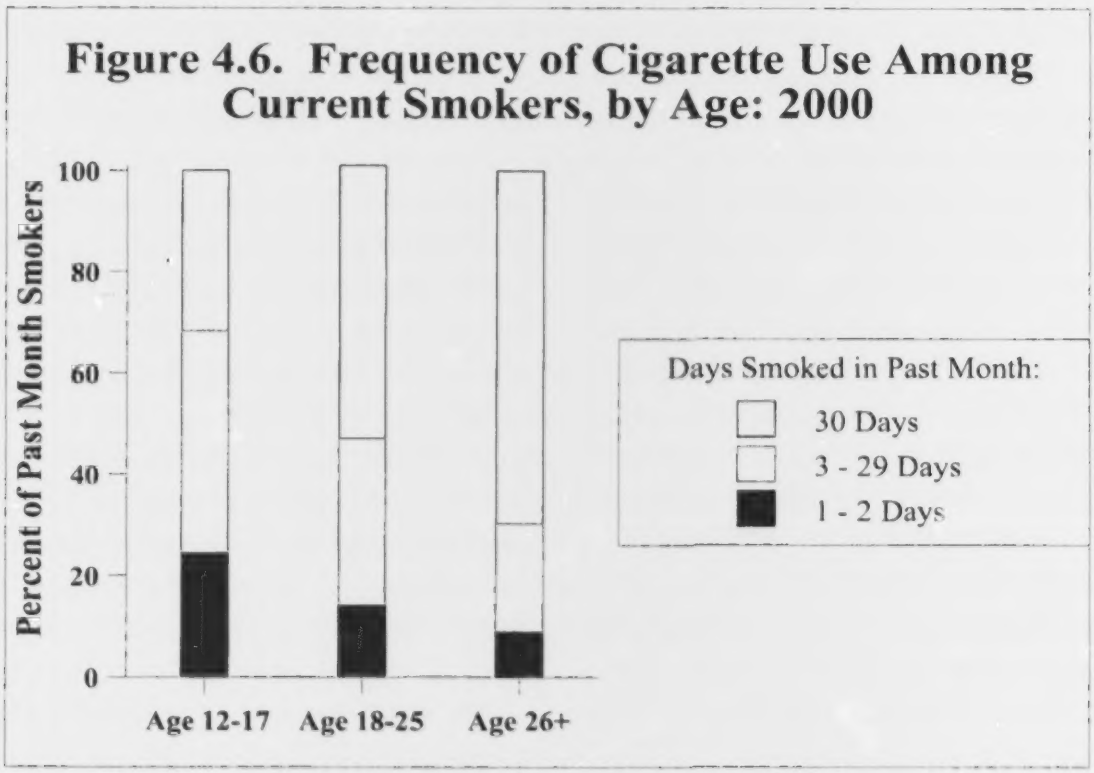
Geographic Area

- Cigarette use rates varied little by region of the country in 2000. Past month cigarette use ranged from a low of 23.1 percent for persons living in the Pacific Division to 26.9 percent of persons living in the East South Central part of the country.

- Although rates of cigarette use did not vary much by population density in 2000, they tended to be higher in less densely populated areas. In large metropolitan areas, 23.5 percent smoked in the past month, compared with 25.8 percent in small metropolitan areas and 26.9 percent in nonmetropolitan areas, and 27.4 percent in completely rural nonmetropolitan areas. Smoking rates showed more variation by population density among youths aged 12 to 17. For youths in large metropolitan areas, 11.6 percent smoked in the past month, compared with 17.6 percent of youths in completely rural nonmetropolitan areas.

Frequency of Use

- Of the 55.7 million current smokers in 2000, 64.6 percent (35.9 million) reported smoking every day in the past 30 days. However, among smokers aged 12 to 17, only 31.8 percent were daily smokers. Also, while 55.2 percent of all daily smokers aged 12 and older smoked a pack or more a day, only 24.1 percent of youth daily smokers reported smoking a pack or more a day (Figure 4.6).



Association with Illicit Drug and Alcohol Use

- Cigarette smokers are more likely to use other tobacco products, illicit drugs and alcohol than are nonsmokers. Among past month smokers in 2000, 39.4 percent were binge alcohol users and 13.6 percent were heavy alcohol users. Among nonsmokers, 14.4 percent were binge alcohol users and 3.0 percent were heavy alcohol users. Only 3.2 percent of nonsmokers were current illicit drug users, compared with 15.6 percent of smokers.

Usual Brand Used

- Three brands account for most of adolescent cigarette smoking in 2000. Among current smokers who were 12 to 17 years of age, 54.8 percent reported Marlboro as their usual brand. Newport was reported by 23.4 percent of youth smokers, and Camel was reported by 10.0 percent. No other individual cigarette brand was reported by even 2 percent of youths. These patterns were the same as in 1999.

- There are notable racial/ethnic differences with regard to brand of cigarette smoked most often in the month prior to survey. In 2000, almost half of white smokers aged 12 and older (43.8 percent) and more than half of Hispanic smokers (57.1 percent) reported smoking Marlboro. Among black smokers, only 6.7 percent reported Marlboro as their usual brand, while 40.9 percent smoked Newport. There were no significant changes in these rates between 1999 and 2000.

- Racial/ethnic differences in usual cigarette brand used were also evident among youth smokers aged 12 to 17. More than half of white (58.8 percent) and Hispanic (52.5 percent) youth smokers reported Marlboro as their usual brand. About four-fifths (79.2 percent) of black adolescent smokers reported Newport as their usual brand. Between 1999 and 2000, the percent of Hispanic youth smokers who reported Newport as their usual brand increased from 18.7 percent to 31.4 percent.

Youth Access to Cigarettes

- Among youth smokers aged 12 to 17 in 2000, more than half (59.4 percent) reported that they personally bought cigarettes at least once in the past month. Approximately one-third of youth smokers (33.8 percent) reported buying cigarettes at a store where the clerk hands out the cigarettes.

- Among youth smokers aged 12 and 13 years old, 45.8 percent reported that they personally bought cigarettes in the past month. However, only 11.3 percent of smokers aged 12 and 13 reported buying cigarettes at a store where the clerk hands out the cigarettes. More than a third of smokers aged 12 and 13 reported buying cigarettes from a friend, relative, or someone at school.

- About two-thirds (65.2 percent) of youth smokers aged 12 to 17 reported that friends or relatives bought cigarettes for them at least one time in the past month.

5. TRENDS IN INITIATION OF SUBSTANCE USE

Estimates of substance use incidence, or initiation (i.e., number of new users during a given year), provide another measure of the Nation's substance use problem. They can suggest emerging patterns of use, particularly among young people. In the past, increases and decreases in incidence have usually been followed by corresponding changes in the prevalence of use, particularly among youths.

The incidence estimates in this report are based on combined 1999 and 2000 CAI data and should not be compared to previously published data based on PAPI data. Not only is the mode of data collection different for the incidence estimates prior to the 1999 NHSDA, but the estimation methodology has been revised as well. The estimation methodology is described in Appendix B and summarized below.

The incidence estimates are based on the NHSDA questions on age at first use, year and month of first use for recent initiates, the respondent's date of birth, and the interview date. Using this information along with editing and imputation when necessary, an exact date of first use is determined for each substance used by each respondent. For age-specific incidence rates, the period of exposure was defined for each respondent and age group for the time that the respondent was in the age group during the calendar year. Incidents of first use were also classified by year of occurrence and age at the date of first use. By applying sample weights to incidents of first use, estimates of the number of new users of each substance for each year were made. These estimates include new users at any age (including ages under 12) and are also shown for two specific age groups (12 to 17 and 18 to 25). In addition, the average age of new users in each year and age-specific rates of first use were estimated. These rates are presented in this report as the number of new users per 1,000 potential new users, since they indicate the rate of new use among persons who have not yet used the substance (i.e., potential new users). More precisely, the rates are actually the number of new users per 1,000 person-years of exposure. The numerator of each rate is the number of persons in the age group who first used the substance in the year, while the denominator is the person-time exposure measured in thousands of years. Each person's exposure time ends on the date of first use. For age-specific estimates, exposure is limited to time during the year that the person was in the age group. Persons who first used the substance in a prior year have zero exposure to first use in the current year, and persons who still have never used the substance by the end of the current year had one full year of exposure to risk.

The incidence estimates are based on retrospective reports of age at first substance use by survey respondents interviewed during 1999 and 2000, and may therefore be subject to several biases, including bias due to differential mortality of users and nonusers of each substance, bias due to memory errors (recall decay and telescoping), and underreporting bias due to social acceptability and fear of disclosure. See Appendix B for a discussion of these biases. As is explained in Appendix B, it is possible that some of these biases, particularly telescoping and underreporting because of fear of disclosure, may be affecting estimates for the most recent years more significantly. To account for this bias in the interpretation of the trends, a more stringent standard for determining statistical significance involving estimates from the most recent years (1997 and later) is used in this chapter. Differences are reported to be statistically significant

only if they differ at the α=.01 level. The usual standard in the rest of the report is the α=.05 level. This is an arbitrary standard that provides some protection against incorrect conclusions in the face of potential biases that can fluctuate and even change direction from year to year. Some tentative analysis of this problem is discussed in Appendix B. A more thorough analysis of the problem using the data from 1999 to 2001 will be conducted next year.

Because the incidence estimates are based on retrospective reports of age at first use, the most recent year available for these estimates is 1999, based on the 2000 NHSDA. Estimates for the year 1999 are based only on data from the 2000 survey, while estimates for earlier years are based on the combined 1999 and 2000 data. For two of the measures, first alcohol use and first cigarette use, initiation before age 12 is common. A two-year lag in reporting of estimates is applied for these measures, because the NHSDA sample does not cover youths under age 12. The two-year lag insures that initiation at age 10 and 11 is captured in the estimation.

Marijuana

- The estimated annual number of new marijuana users has declined from 2.6 million in 1996 to about 2.0 million in 1999. This was preceded by a period of significant increase from 1990 (1.4 million new users) to 1996.

- In 1965, there were an estimated 0.5 million new users of marijuana. The annual number of marijuana initiates increased until reaching a peak in 1976-77 (two years before the past month prevalence rate among youth peaked in 1979) at around 3.2 million new users per year. After that, the number of initiates declined to 1.4 million in 1990 (two years before the youth past month prevalence rate reached a low point in 1992) and then increased again to 2.6 million in 1996, a recent high point.

- Youths aged 12 to17 have constituted about two-thirds of the new users of marijuana in recent years, with young adults aged 18 to 25 constituting most of the remaining third. Recent rates of new use among youth in 1996-1998 (averaging 86.4 initiates per 1000 potential new users) were higher than they have ever been. Rates of new use for both youth and young adults decreased between 1998 and 1999 (from 85.2 to 73.0, and from 44.1 to 31.7, respectively) (Figure 5.1).

- The average age of initiation of marijuana use in 1999 was 17.0 years. Since 1992, the average age has ranged from 16.5 to 17.4. The average age of marijuana initiates has generally declined since 1965; during 1965-1969 it ranged from 19.0 to 20.4 years of age, and during 1970-1991 it ranged from 17.4 to 19.2 years of age.

Figure 5.1. Age-specific Rates of First Time Use of Marijuana: 1965-1999

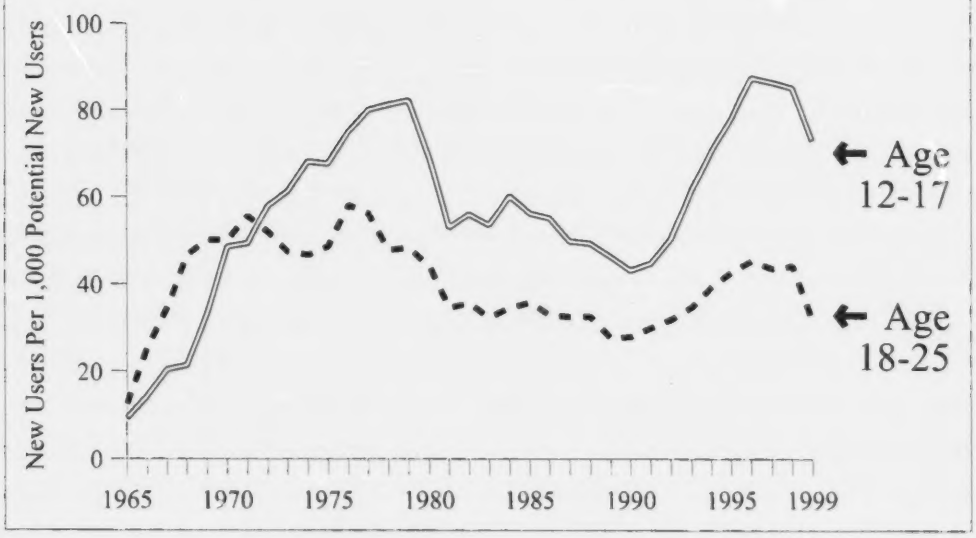


Figure 5.2. Annual Number of New Users of Pain Relievers Nonmedically: 1965-1999

Cocaine

- The highest number of initiates of cocaine (including crack) occurred in the late 1970s and early 1980s, when there were approximately 1.0 to 1.5 million new users each year. After falling to recent lows in the early 1990s (e.g., 531,000 in 1991), the total number of new initiates of cocaine rose to 882,000 in 1998. The total increased between 1991 and 1998 both for youths aged 12 to 17 and young adults ages 18 to 25; however, the number increased more for youths than for young adults. In 1991, among youths there were only 92,000 new initiates of cocaine. By 1998, the number of new cocaine initiates among youth had risen to 339,000. This represents a higher rate of increase and a higher absolute increase than for young adults, which rose from an estimated 284,000 new initiates to 444,000 during the same period. Since 1965, the highest annual rate of first use among youth occurred in 1998 (14.5 per 1,000 potential new users), while the rate for young adults in 1998 (17.9 per 1000 potential new users) was only about three-fifths of its highest level (29.0 per 1000 potential new users) attained in 1983.

- The estimates of the number of cocaine initiates and age-specific rates for 1999 appear to be generally lower than the corresponding estimates for 1998; however, the differences are not statistically significant.

- The average age of cocaine initiates in 1999 was 19.5 years. This is younger than the average age of cocaine initiates for any year since 1973. From 1980 to 1993, the average age of cocaine initiates generally remained above 22 years.

Heroin

- There were an estimated 104,000 new users of heroin in 1999. This number of new initiates is similar to the number in 1998 (140,000). Comparisons for youth and young adults show no statistically significant difference between the 1998 and 1999 numbers of new initiates. The number of new initiates among those aged 18 to 25 (53,000) was larger than the number among those aged 12 to 17 (34,000), as has been the historic pattern.

Hallucinogens

- In 1998, the estimated number of new users of hallucinogens (including LSD and PCP) was 1.2 million, which is the highest estimate since 1965. The number of new users in 1999 (1.4 million) appears to be even higher than in 1998, but this increase is not statistically significant. The estimated number of new users among youths aged 12 to 17 (669,000) and young adults aged 18 to 25 (604,000) in 1999 are similar to the all-time high numbers of initiates in 1998.

Inhalants

- In 1999, the estimated number of new users of inhalants was 1.0 million, not significantly different than the estimates for 1998 (918,000) or 1997 (975,000). However, these estimates are the highest annual number of inhalant initiates since 1965.

Psychotherapeutics

- This category includes nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative. It does not include over-the-counter substances. Among the psychotherapeutics, pain relievers had the highest number of new users in 1999, a total of approximately 1,469,000 persons. This number has been increasing since the mid-1980s, when there were fewer than 400,000 initiates annually (Figure 5.2). Youths aged 12 to17 constitute the majority of this increase, from 78,000 in 1985 to 722,000 in 1999. The number of young adult initiates aged 18 to 25 increased from 166,000 to 492,000 during the same period.

- The number of new users of stimulants was about 646,000 in 1999. This number is similar to the estimates for 1997 and 1998 (about 700,000 new users in each of those years). Since 1994, there have been more new users among youths aged 12 to 17 (322,000 in 1999) than among young adults aged 18 to 25 (213,000 in 1999).

- There were approximately 642,000 new users of tranquilizers in 1999. While the number of new users of all ages in 1999 appears to be slightly lower than the number in 1998 (814,000), both the numbers of users for youth and young adults were similar to corresponding numbers in 1998. For youth, these estimated numbers of new users are the highest since 1965.

- The estimated number of new initiates of sedatives was the smallest among the psychotherapeutics, at 143,00 new users in 1999. The number of new users of sedatives was significantly higher in the early 1970s (about 300,000 to 500,000). The number of initiates has been relatively lower since the early to mid 1980s with a reported low of about 42,000 in 1991.

Alcohol

- In 1998, approximately 5.1 million persons initiated the use of alcohol. With reported data back to 1965, this puts the number of new users as high or higher than any estimate since the early 1970s. The largest contributors to this rise are youths aged 12 to 17, who now constitute about 67 percent of total new initiates. The late 1980s and early 1990s were a recent low for the number of new initiates. Estimates of new users of alcohol among youth at that time were about 1.7 to 1.8 million per year, and initiates among young adults aged 18 to 25 were 0.9 to 1.1 million. In 1998, the number of new users among youth grew dramatically to 3.4 million, while the initiates among young adults increased slightly to 1.2 million. The 3.4 million new users aged 12 to 17 represents about 15 percent of all youth in the nation.

Cigarettes

- The incidence rate for cigarette use among youth aged 12 to 17 decreased between 1998 and 1999, from 141.4 to 120.0 persons per 1,000 potential new users. The numbers and rates among young adults aged 18 to 25 remained stable between 1998 and 1999. The overall annual number of persons who first tried a cigarette had increased between 1991 and 1996 from about 2.4 million to 3.4 million, then decreased to 2.9 million in 1998 (Figure 5.3).

- The average age at first use of cigarettes was 15.4 years in 1998. While there have been some fluctuations, the average age has generally changed very little since 1965, ranging only from 14.9 to 16.2.

- New use of cigarettes on a daily basis has decreased since its recent peak in 1997 at 1.9 million new users. In 1998, the number of initiates dropped to about 1.7 million and it dropped again in 1999 to about 1.4 million. Contributing to this decrease was the smaller number of new daily smokers among youths aged 12 to 17, falling from about 1,163,000 in 1997 to 783,000 in 1999. Translated to a per-day basis, the number decreased from 3,186 per day in 1997 to 2,145 per day in 1999.

- The average age at first daily smoking was 17.7 years in 1999. While there have been some small variations in this average age, it has changed little since 1965, ranging from 17.6 to 19.3.

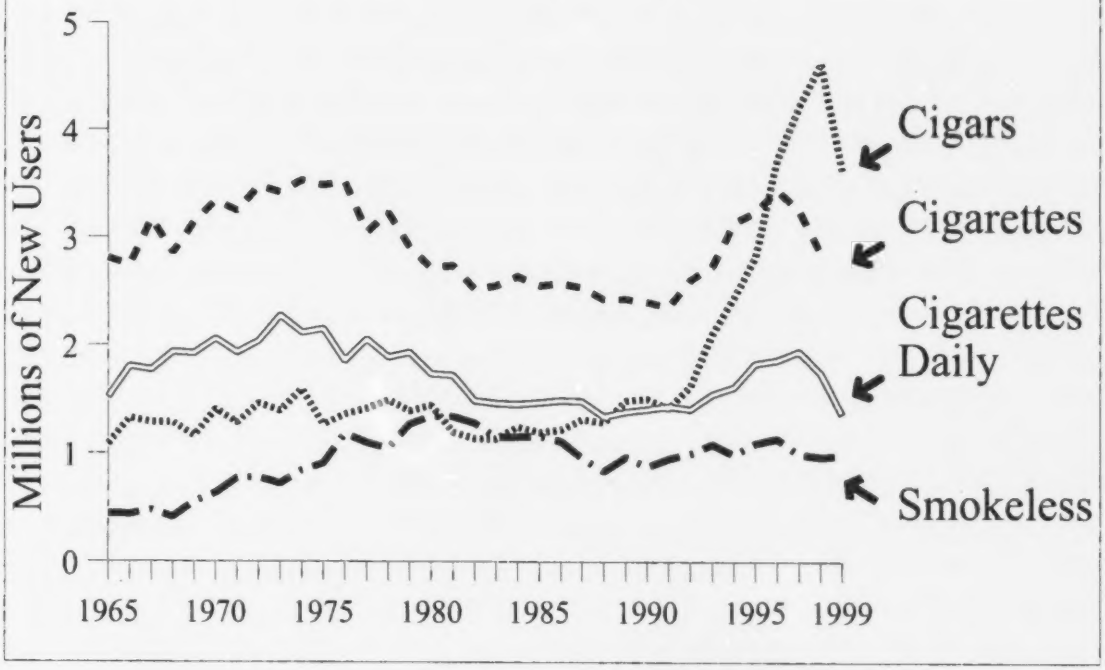
Smokeless Tobacco

- The estimated annual number of new users of smokeless tobacco was stable during 1997 to 1999 at about a million per year (996,000 in 1997, 972,000 in 1998, and 982,000 in 1999) (Figure 5.3). More than half of smokeless tobacco initiates in 1999 were aged 12 to 17.

Cigars

- The estimated number of new users of cigars fell dramatically between 1998 and 1999, from 4.6 million to 3.6 million. In 1998, the number of new cigar users had been at its highest level since 1965. The number had been only 1.4 million in 1991. The incidence rates for those aged 12 to 17 and 18 to 25 also declined significantly between 1998 and 1999, from 94.2 to 74.0 and from 83.5 to 60.7, respectively. During 1999, 415,000 fewer youth and 407,000 fewer young adults initiated cigar use than initiated use in 1998 (Figure 5.3).

Figure 5.3. Annual Numbers of New Tobacco Users: 1965-1999



6. PREVENTION-RELATED MEASURES

The NHSDA includes an extensive set of risk and protective factors concerned with substance abuse prevention issues. Risk factors include those individual characteristics or social environments associated with an increased likelihood of substance use, while protective factors are related to a decreased likelihood of substance use, or nonuse. These factors derive from circumstances, influences, and perceptions at many levels such as the individual, peer, family, school, and community levels. A number of risk factors have been shown to be correlated with youth use of cigarettes, alcohol, and other illicit drugs. One goal of youth prevention programs has been to identify those factors and design programs that might affect them. Since individual attitudes and perceptions of substance use typically precede substance use, tracking risk and protective factors over time can provide an advance alert of upturns and downturns in actual use.

A recent report (SAMHSA, 2001b) based on the 1997 NHSDA data presented initial findings on a number of risk and protective factors for youth. A more comprehensive list of possible risk and protective factors was included in the 1999 NHSDA. A further analysis of those data is currently underway and will address issues of the relative change in these factors over time and their impact on levels of substance use. The section below presents some results from the 1999 and 2000 NHSDA surveys containing data on attitudes and beliefs about drug use, drug availability, parental disapproval, participation in substance abuse education programs, and the association of risk and protective factors with substance use.

Perceptions of Risk

- For persons aged 12 and older, the perceived risks of using cigarettes and alcohol increased between 1999 and 2000, but perceptions of risk of using illicit drugs did not change. For cigarettes, the percentage who indicated there was a great risk of smoking one or more packs per day rose from 66.7 percent in 1999 to 69.3 percent in 2000. The increased perception of cigarette use risk in 2000 was consistent for all three age groups: 12 to 17, 18 to 25, and 26 and older (Figure 6.1).

- The percentage reporting great risk of heavy drinking and binge drinking also rose in 2000 from 69.6 percent to 70.6 percent and from 45.1 to 47.1 percent, respectively. Perceived risk of binge drinking also rose significantly from 1999 to 2000 in both the 12 to 17 age group and the 26 and older age group. However, reported risks of using marijuana, cocaine, heroin and LSD were stable over the same period (Figure 6.2).

- Among youths aged 12 to 17, the percentage reporting great risk of smoking a pack or more of cigarettes a day increased from 60.7 percent in 1999 to 64.1 percent in 2000. This increase was widespread in that it was statistically significant across a number of demographic subgroups of youth: ages 12 and 13, 14 and 15, and 16 and 17, both males and females, whites and Hispanics, and metropolitan and nonmetropolitan counties.

Figure 6.1. Perceived Risk of Smoking One or More Packs of Cigarettes Per Day, by Age: 1999 and 2000

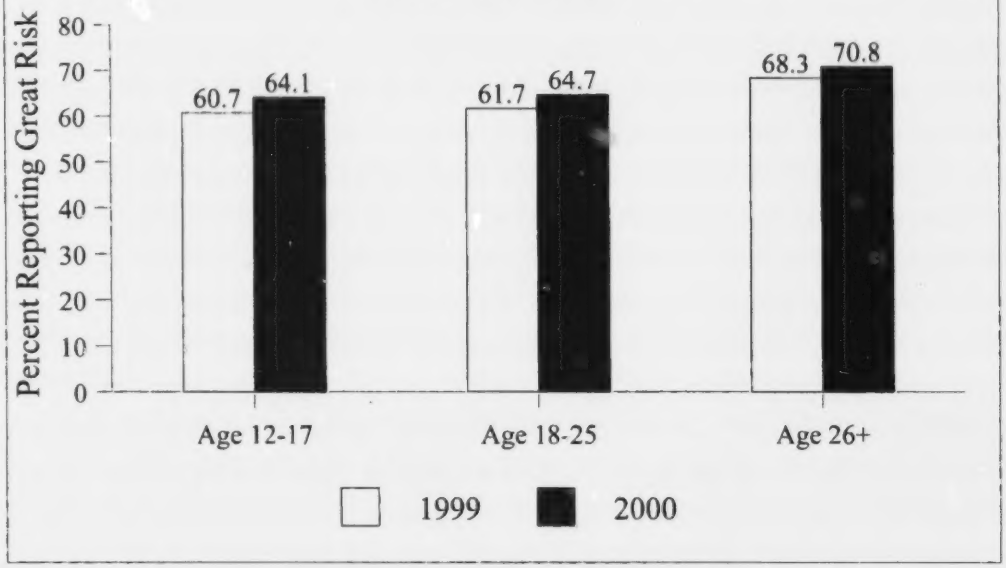
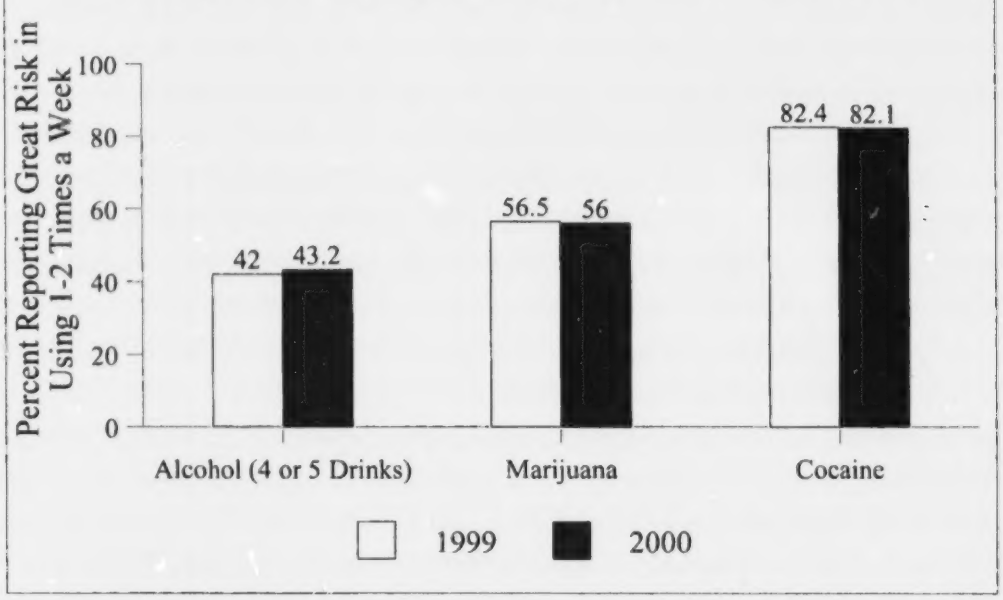


Figure 6.2. Perceived Risk of Substance Use Among Youths Aged 12 to 17: 1999 and 2000

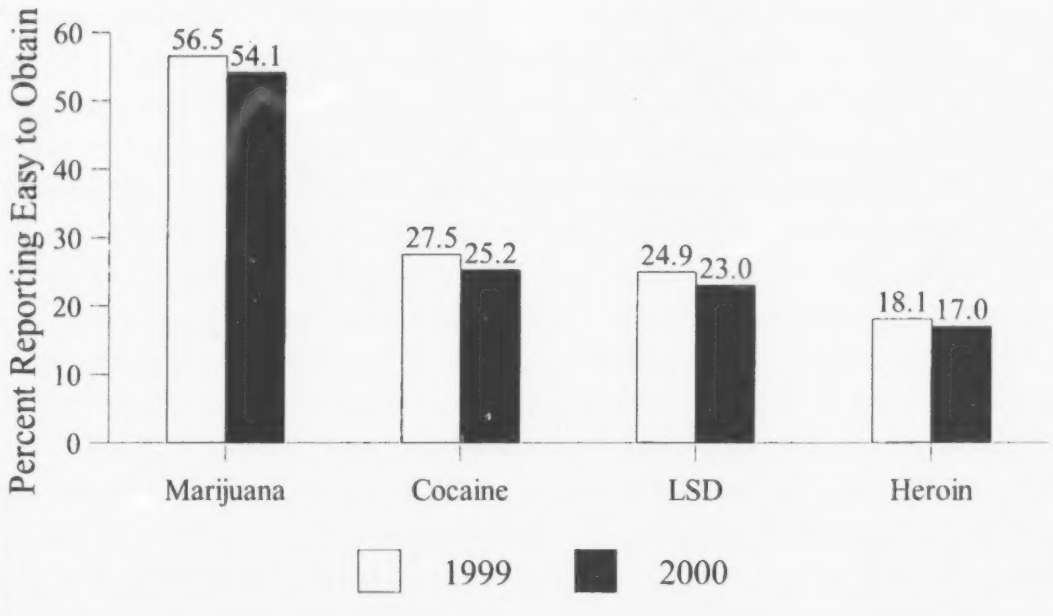


- The percentage of youths aged 12 to 17 indicating a great risk of smoking marijuana once a month remained unchanged between 1999 and 2000 (37.2 percent in 1999 and 37.7 percent in 2000). This stability in perceived risk was consistent overall and for all age, race/ethnicity, gender, and nonmetropolitan subgroups among youth; however, youth in small metropolitan counties showed an increase from 36.3 percent in 1999 to 38.3 percent in 2000.

Availability

- The percentage of persons aged 12 and older indicating that it was fairly or very easy to obtain a substance decreased between 1999 and 2000 for marijuana (56.9 to 54.8 percent), cocaine (32.3 to 30.4 percent), crack (30.9 to 29.0 percent), heroin (20.9 to 19.4 percent), and LSD (23.4 to 22.3 percent). These trends were consistent across all age groups: 12 to 17, 18 to 25 and 26 and older, except for LSD among persons aged 26 and older, which was stable (Figure 6.3).

Figure 6.3. Perceived Availability of Drugs Among Youths Aged 12 to 17: 1999 and 2000



- The percentage of persons aged 12 and older who had been approached in the past month by someone selling drugs decreased slightly between 1999 and 2000 from 8.0 to 7.4 percent. This was primarily due to a decrease from 5.2 to 4.5 percent for persons aged 26 and older.

- The percentage of youth indicating, "A lot of drug selling goes on in my neighborhood," increased between 1999 (24.8 percent) and 2000 (26.6 percent). The increases occurred among youth aged 16 and 17, both males and females, metropolitan and nonmetropolitan areas, and among whites.

Parental Disapproval

- The percentage of youths aged 12 to 17 indicating their parents would "strongly disapprove" of their smoking one or more packs of cigarettes per day remained stable between 1999 (87.4 percent) and 2000 (87.8 percent). The percentage of youth who felt their parents would disapprove if they had one or two drinks of an alcoholic beverage nearly every day decreased from 89.5 in 1999 to 87.9 in 2000. The percentage reporting strong parental disapproval about trying marijuana or hashish once or twice dropped from 90.7 percent in 1999 to 89.5 percent in 2000.

Delinquent Behaviors Among Youths Aged 12 to 17

- The percentage of youth who reported they had gotten into a serious fight at work or school in the past year dropped from 21.9 in 1999 to 17.9 in 2000. This decrease occurred among youths aged 14 to 17, both genders, whites, Hispanics, and metropolitan and nonmetropolitan counties. The percentage participating in a group-against-group fight one or more times also declined during the same period (from 17.1 to 15.0 percent).

- The small percentage of youth reporting they had carried a handgun one or more times in the past year decreased from 3.6 percent to 2.9 percent in 2000. The percentage of youth that reported selling drugs in the past year remained steady during 1999 and 2000 at about 3.5 percent.

- There was also a decline in the percentage of youth who reported having stolen or having tried to steal something worth $50 or more at least once in the past year. In 1999, this percentage was 4.8, while in 2000, the percentage fell slightly to 4.3 percent.

- There was a drop in the percentage of youths aged 12 to 17 reporting that they had attacked someone with the intent to seriously hurt them during the past year. The percentage fell from 8.4 percent in 1999 to 7.5 percent in 2000.

Youth Exposure to Prevention Messages and Programs

- A majority (81.9 percent) of youths aged 12 to 17 had either seen or heard a drug prevention message outside of school in the past year. A similar number had heard the out-of-school messages in both 2000 (81.9 percent) and 1999 (82.3 percent).

- Among youths aged 12 to 17 who reported being enrolled in school during the past 12 months, 77.9 percent reported having been exposed to a drug message in school during that period. The percentage hearing anti-drug messages at school in 2000 was similar to the rate in 1999 (77.6 percent).

- In 1999 and 2000, similar percentages of youth (about 58 percent) indicated that they had talked with a parent in the past year about the dangers of tobacco, alcohol, or drug use.

- The percentage of youth who participated in a problem solving, communication, or self-esteem group in 2000 (18.9 percent) was slightly lower than the percentage for 1999 (20.1 percent). The percentage who had participated in a drug prevention program outside of school in 2000 (11.8 percent) was similar to the percentage that participated in 1999 (12.6 percent).

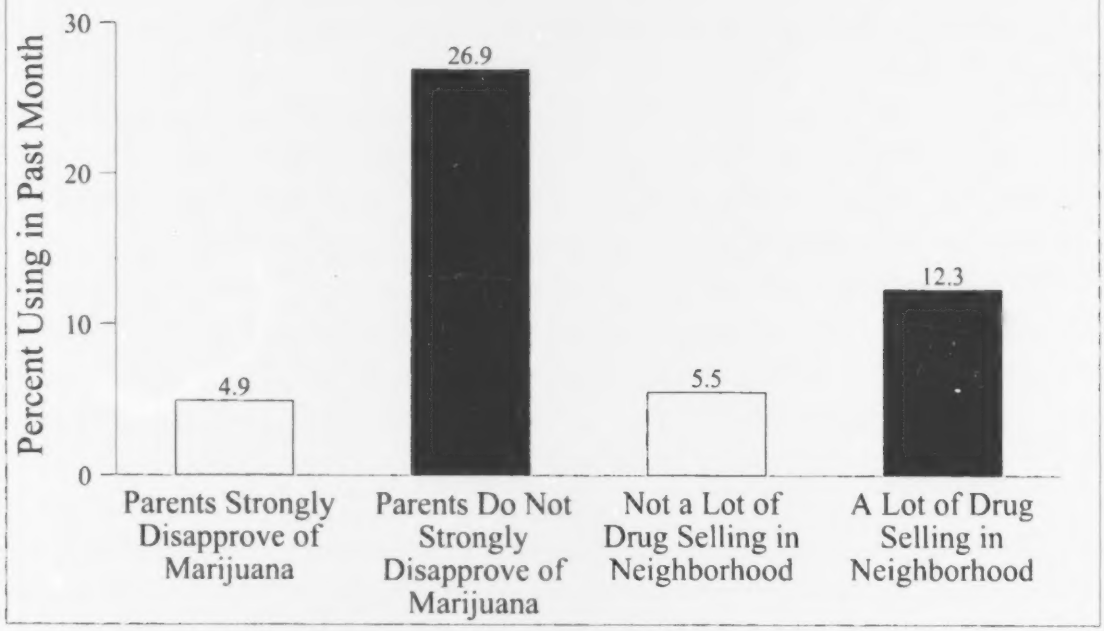
Association of Risk and Protective Factors with Substance Use Among Youth Aged 12 to 17

- The difference in prevalence rate between youth who "agreed" and those who "disagreed" with the statement that, "A lot of drug selling goes on in my neighborhood," was significant. In 2000, 16.0 percent of youth who "agreed" with the statement had used an illicit drug in the past month, while 7.5 percent who "disagreed" with the statement had used an illicit drug in the past month.

- Of the neighborhood factors considered in the 2000 NHSDA, the perception that "A lot of drug selling goes on in my neighborhood" had the strongest relationship to use of drugs. The prevalence rate in 2000 for past month use of any illicit drug among youth who "agreed" that a lot of drug selling went on in their neighborhood was more than twice as high as among youth who "disagreed" with the statement (16.0 percent vs 7.5 percent, respectively). The relative prevalence rate differences between the "agree" group and the "disagree" group were generally smaller for other neighborhood factors in the survey. For example, the prevalence rates for past month use of any illicit drug for respondents who "agreed" versus "disagreed" that "There is a lot of crime in my neighborhood" were 12.0 and 9.0 percent, respectively. Corresponding rates for other statements were: "People in neighborhood often help each other" (8.8 vs 13.1 percent), "There are a lot of street fights in my neighborhood" (14.1 vs 8.9 percent), "There are many empty or abandoned buildings in my neighborhood" (12.0 vs 9.4 percent), "People in their neighborhood often visit in each others homes" (9.2 vs 11.2 percent), "There is a lot of graffiti in my neighborhood" (11.7 vs 9.3 percent), and "People move in and out of their neighborhood often" (10.5 vs 9.4 percent).

- As a group, the neighborhood factors in the survey showed a weaker association with youth substance use than did individual or family factors such as youth perceptions of whether their parents would "strongly disapprove" or "somewhat disapprove/neither approve nor disapprove" of various substance use behaviors. For example, in 2000, only 7.1 percent of youth who indicated that their "parents would 'strongly disapprove' if they tried marijuana once or twice" had used an illicit drug in the past month. But 31.2 percent of youth in the other group (i.e., their parents did not strongly disapprove) reported use of some illicit drug in the past month. The smaller relative differences with the neighborhood variables is probably due to the fact that neighborhoods include various perceptions about the neighborhood as well as a mixture of individual youth substance use behaviors (Figure 6.4).

Figure 6.4. Past Month Marijuana Use Among Youths Aged 12 to 17, by Perceived Parental Attitudes and Neighborhood Characteristics: 2000



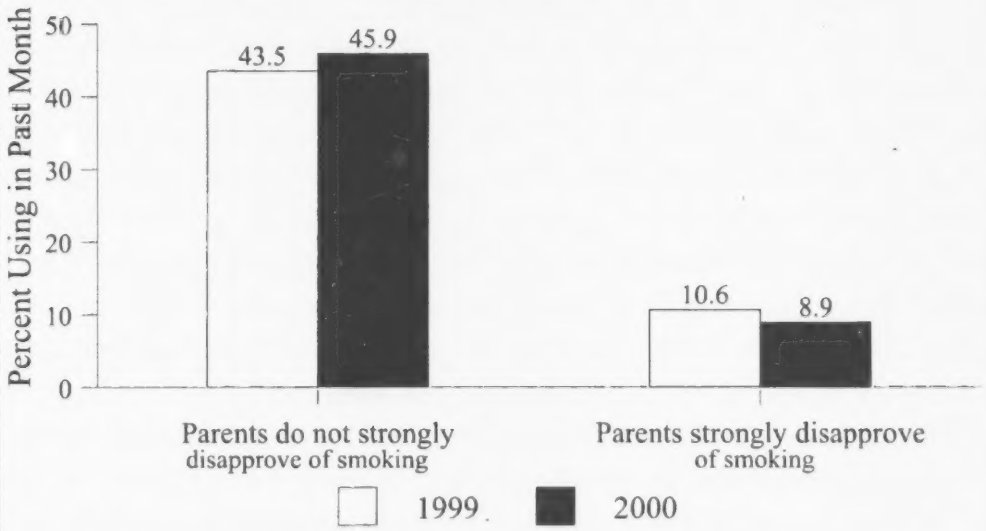
- Youths indicating delinquent behaviors during the past year reported much higher levels of substance use than those who did not report such behavior. The highest ratio was for youth who had sold drugs. In 2000, about two-thirds (66.7 percent) of those who sold drugs reported having used some illicit drug themselves in the past month. By contrast, only 7.6 percent of those who said they had not sold drugs reported use of an illicit drug in the past month.

Trends in Substance Use by Risk and Protective Factors

- Of the 87 to 88 percent of youth in 1999 and 2000 who thought that their parents would "strongly disapprove" of their smoking one or more packs of cigarettes per day, past month cigarette use fell during that period from 10.6 percent to 8.9 percent. For those youth who believed that their parents would either "somewhat disapprove" or "neither approve nor disapprove," there was no significant change in the prevalence rate of past month cigarette use from 1999 to 2000 (43.5 percent in 1999 and 45.9 percent in 2000) (Figure 6.5).

- Among youth who characterized the risk of smoking a pack of cigarettes or more each day as a "great risk," rates of past month use of cigarettes decreased from 11.3 percent in 1999 to 9.9 percent in 2000. Even among youth who indicated only "moderate, slight, or no risk," past month cigarette use was lower in 2000 than in 1999 (19.8 percent and 20.7 percent, respectively). This difference is not statistically significant.

Figure 6.5. Past Month Cigarette Use Among Youths Aged 12 to 17, by Perceived Parental Attitudes About Smoking: 1999 and 2000



7. DISCUSSION

The data from the 1999 and 2000 National Household Survey on Drug Abuse represent a major advance in the study of substance use and abuse in the United States. A total of nearly 138,000 Americans, including 50,000 youths aged 12 to 17, participated in the NHSDA over these two years. With this expanded sample, first implemented in 1999, the NHSDA is now a much more powerful tool for tracking trends and identifying geographic and demographic variation in patterns of use. This report, along with the supplemental data tables SAMHSA is making available simultaneously, constitutes the first release of the 2000 data. The amount of data in these tables is substantial, yet it is only a small part of what is possible from the NHSDA data files. Much of what was collected has not been tabulated, and much of what has been tabulated has not been fully analyzed. More in-depth analyses of these data will be carried out later. This report, as suggested by its title, is only intended to summarize the major findings from the 2000 NHSDA.

Major Findings

To summarize the results of the 2000 NHSDA, two general conclusions can be stated. First, substance use rates were generally level or declining between 1999 and 2000. Second, use and abuse of licit and illicit substances in the U.S. remains a major problem, affecting a large proportion of the population. These conclusions are supported by the following key findings from this report:

Recent Trends

- Rates of past month illicit drug use overall and among youths aged 12 to 17 were stable between 1999 and 2000. However, the rate among youths aged 12 and 13 declined between 1999 and 2000, primarily due to a drop in their use of inhalants.

- Rates of initiation of marijuana use have been declining since 1996.

- Rates of past month, binge, and heavy alcohol use were unchanged between 1999 and 2000.

- Between 1999 and 2000, there was a decrease in the proportion of the population that had driven a motor vehicle under the influence of alcohol.

- Current cigarette use declined significantly between 1999 and 2000 among youths aged 12 to 17 and among young adults aged 18 to 25. These declines coincide with increases in both age groups in the perceived risk of smoking.

- The annual number of new daily smokers has been declining since 1997.

Scope of the Problem

- An estimated 14 million Americans (6.3 percent of the population) reported using an illicit drug in the month prior to interview in 2000.

- More than a quarter (27.5 percent) of young people aged 12 to 20 in 2000 had used alcohol in the month prior to interview. This translates to an estimated 9.7 million underage drinkers in the U.S., including 6.6 million who were binge drinkers.

- On an average day, 5,556 persons (including 3,814 youths aged 12 to 17) try marijuana for the first time and 3,737 (including 2,145 youths aged 12 to 17) begin smoking cigarettes on a daily basis.

Comparison With Monitoring the Future Study (MTF)

In the past, the NHSDA and MTF have generally shown similar long-term trends in the prevalence of substance use among youths. This has been the case despite the substantial differences in methodology between these two primary surveys of youth substance use. There were some inconsistencies in year-to-year changes, but these discrepancies could be explained by sampling errors. With the five-fold expansion in the NHSDA sample of youths, greater consistency in estimates of short-term trends between the two surveys is expected. Listed below are some key findings from the 2000 MTF data. These findings show remarkable consistency with the 2000 NHSDA results for youths aged 12 to 17:

- There were no statistically significant changes in the rates of past month illicit drug use for eighth, tenth, or twelfth graders between 1999 and 2000. Although not statistically significant, a decrease in inhalant use among younger teens (eighth graders) is evident.

- Rates of alcohol use did not change between 1999 and 2000 for any grade.

- Significant declines in past month cigarette use were observed for eighth and twelfth graders between 1999 and 2000, and daily use declined among tenth graders. For all three grades, past month and daily cigarette use declined between 1997 and 2000.

- The percentages of eighth, tenth, and twelfth graders reporting great risk of harm in smoking one or more packs of cigarettes per day were all higher in 2000 than in 1999, although the change is not statistically significant for twelfth graders.

Long-term Trends in Illicit Drug Use

The NHSDA estimates presented in this report are not strictly comparable to estimates from NHSDA surveys prior to 1999, because of the shift from paper and pencil interviewing (PAPI) to computer-assisted interviewing (CAI) in 1999 and the effect that this methodological change has on the estimates. However, it is important to discuss the 1999 and 2000 data in the context of the results from the earlier surveys.

The estimated numbers of past month illicit drug users in the U.S. in 1999 (13.8 million) and 2000 (14.0 million) are similar to estimates based on the NHSDAs conducted from 1992 through 1998. The estimate for 1992 was 12.0 million, and the estimate for 1998 was 13.6 million. The small increase that occurred during that period was primarily due to an increase in use among youths aged 12 to 17. The rate of use among youth doubled between 1992 and 1995, from 5.3 percent to 10.9 percent. After 1995, the youth rate varied from year to year and declined significantly from 1997 to 1998. Estimates from the supplemental PAPI sample employed with the 1999 NHSDA indicated a continuing decline in 1999, to 9.0 percent. This estimate is still higher than the 1992 rate. Although they are not strictly comparable to the 1995-1999 PAPI estimates, the 1999 and 2000 estimates of youth past month illicit drug use from the redesigned NHSDA (9.8 percent in 1999 and 9.7 percent in 2000) indicate little change from the rates seen during the late 1990s. These 1999 and 2000 rates are similar to the 1995 rate and are well above the 1992 rate.

Prior to the increase in youth illicit drug use in the early to mid 1990s, there had been a period of significant decline in drug use among both youth and adults. This occurred from 1979, the peak year for illicit drug use prevalence among adults and youth, until 1992. During that period, the number of illicit drug users dropped from 25 million to 12 million. The rate of use dropped from 14.1 percent of the population aged 12 and older to 5.8 percent. Among youths aged 12 to 17, the rate fell from 16.3 percent to 5.3 percent. Thus, while the rate of illicit drug use among youths in 2000 is approximately twice the rate in 1992, it is still significantly below the peak rate that occurred in 1979. Similarly, the overall number and rate of use in the population is roughly half of what it was in 1979.

Prior to 1979, the peak year for illicit drug use, there had been a steady increase in use occurring throughout the 1970s (NIDA, 1983). Although the first national survey to estimate the prevalence of illicit drug use was conducted in 1971, estimates of illicit drug initiation, based on retrospective reports of first-time use, suggest that the increase had begun in the early or mid-1960s (Gfroerer and Brodsky, 1992). These incidence estimates suggest that illicit drug use prevalence had been very low during the early 1960s, but began to increase during the mid 1960s as substantial numbers of young people initiated the use of marijuana. As discussed in Chapter 5 of this report, annual marijuana incidence increased from about 553,000 new users in 1965 until it reached a peak of 3.2 million initiates per year in 1976 and 1977, 2 to 3 years before the prevalence rates peaked. Interestingly, the annual number of marijuana initiates reached a low point in 1990 (1.4 million), then increased, two years before the increase in youth prevalence occurred. This demonstrates the value of the incidence data in forecasting future trends in prevalence. Assuming this relationship between incidence and prevalence continues to hold, the significant decline in marijuana incidence between 1998 and 1999 indicates that a decline in youth prevalence is occurring or will soon occur. However, the long-term impact of the elevated marijuana initiation rates during the mid to late 1990s (2.5 million new users per year, on average, during 1995 to 1998) is likely to be an increase in the number of people needing treatment for substance abuse problems, as the cohort of 1990s initiates ages along with the cohort of baby boomers that had elevated marijuana initiation levels during the 1970s.

Limitations of the Data

The expansion and redesign of the NHSDA resulted in greater analytic potential and improved precision of prevalence estimates generated from the NHSDA. However, there are still important limitations with the NHSDA data that NHSDA data users must be aware of. This report contains several appendices that describe the NHSDA methodology and the limitations of these data. Readers are encouraged to take advantage of these appendices when using these data. SAMHSA will also be providing more detailed information on the NHSDA methods in reports that will be available on the SAMHSA website.

Appendices E and F in this report include a number of tables showing various estimates from the 1999 and 2000 NHSDAs. These tables are a small subset of all the tables that have been produced at this time. The full set of tables, referred to as the Summary Tables from the 2000 NHSDA, can be accessed at SAMHSA's website. The Summary Tables are organized into these major categories: Illicit Drug Use, Tobacco and Alcohol Use, Risk and Protective Factors, Incidence, Miscellaneous, and Sample Size and Population. These detailed Summary Tables include estimates of standard errors for all prevalence estimates shown.

APPENDIX A: DESCRIPTION OF THE SURVEY

A.1. Sample Design

The 2000 NHSDA sample design was part of a coordinated five-year sample design which will provide estimates for all 50 states plus the District of Columbia for the years 1999 through 2003. The coordinated design facilitates 50 percent overlap in first stage units (area segments) between each two successive years.

For the five-year 50-state design, eight states were designated as large sample states (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania and Texas) with samples large enough to support direct state estimates. Sample sizes in these states ranged from 3,478 to 5,022. For the remaining 42 states and the District of Columbia, smaller, but adequate, samples were selected to support state estimates using small area estimation (SAE) techniques. Sample sizes in these states ranged from 828 to 1,200.

States were first stratified into a total of 900 Field Interviewer (FI) regions (48 regions in each large sample state and 12 regions in each small sample state). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent Census blocks were combined to form the first stage sampling units, called area segments. A total of 96 segments per FI region were selected with probability proportional to population size in order to support the five-year sample and any supplemental studies SAMHSA may choose to field. Eight sample segments per FI region were fielded during the 2000 survey year.

These sampled segments were allocated equally into four separate samples, one for each three month period during the year, so that the survey is essentially continuous in the field. In each of these area segments a listing of all addresses was made, from which a sample of 215,860 addresses was selected. Of these, 182,576 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a hand-held computer carried by the interviewers. The number of sample units completing the screening was 169,769. Youth (aged 12 to 17 years) and young adults (aged 18 to 25 years) were oversampled at this stage. Because of the large sample size associated with this sample, there was no need to oversample race/ethnicity groups, as was done on NHSDAs prior to 1999. A total of 91,961 persons were selected nationwide. Consistent with previous NHSDAs, the final respondent sample of 71,764 persons was representative of the U.S. general population (since 1991, the civilian noninstitutional population) ages 12 and older. In addition, state samples were representative of their respective state populations. More detailed information on the disposition of the national screening and interview sample can be found in Appendix B. Also, additional tables showing sample sizes and estimated population counts for various demographic and geographic subgroups are presented in Appendix E.

The survey covers residents of households (living in houses/townhouses, apartments, condominiums, etc.), noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses, etc), and civilians living on

military bases. While the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and hospitals.

Unlike the 1999 NHSDA, which also included a supplemental sample using the paper and pencil interviewing (PAPI) mode for the purposes of measuring trends with estimates comparable to 1998 and prior years, the 2000 NHSDA was fielded entirely using computer-assisted interviewing (CAI).

A.2. Data Collection Methodology

The data collection method used in the NHSDA involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and verbal communications with potential respondents, respondents' names are not collected with the data, and computer-assisted interviewing (CAI) including audio computer-assisted self-interviewing (ACASI) are used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A five-minute screening procedure conducted using a hand-held computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select 0-2 sample person(s), depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to immediately conduct the NHSDA interview with each selected person in the household. The interviewer requests the selected respondent to identify a private area in the home away from other household members to conduct the interview. The interview averages about an hour, and includes a combination of CAPI (computer-assisted personal interviewing) and ACASI. The interview begins in CAPI mode with the Field Interviewer (FI) reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode the respondent can read the questions silently on the computer screen and/or listen to the questions read through headphones and enter their responses directly into the computer. At the conclusion of the ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he/she transmits the data to Research Triangle Institute (RTI) via home telephone lines.

A.3. Data Processing (CAI)

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though much editing and consistency checking is done by the CAI program during the interview, additional more complex edits and consistency checks were completed at RTI. Resolution of most inconsistencies and missing data was done using machine editing routines that were developed specifically for the CAI instrument. Cases were retained only if the respondent provided data on lifetime use of cigarettes and at least 9 other substances.

Statistical Imputation

For some key variables that still have missing values after the application of editing, statistical imputation is used to replace missing data with appropriate response codes.

Considerable changes in the imputation procedures that have been used in past NHSDAs were introduced beginning with the 1999 CAI sample. Three types of statistical imputation procedures are used: a standard unweighted sequential hot-deck imputation, a univariate combination of weighted regression imputation and a random nearest neighbor hot-deck imputation (which could be viewed as a univariate predictive mean neighborhood method), and a combination of weighted regression and a random nearest neighbor hot-deck imputation using a neighborhood where imputation is accomplished on several response variables at once (which could be viewed as a multivariate predictive mean neighborhood method). Since the primary demographic variables (e.g., age, gender, race/ethnicity, employment, education) are imputed first, few variables are available for model-based imputation. Moreover, most demographic variables have a very low level of missingness. Hence, unweighted sequential hot deck is used to impute missing values for demographic variables. The demographic variables can then be used as covariates in models for drug use measures. These models also include other drug use variables as covariates. For example, the model for cocaine use includes cigarette, alcohol, and marijuana use as covariates. The univariate predictive mean neighborhood method is used as an intermediate imputation procedure for recency of use, 12-month frequency of use, 30-day frequency of use, and 30-day binge drinking frequency for all drugs where these variables occur. The final imputed values for these variables are determined using multivariate predictive mean neighborhoods. The final imputed values for age at first use for all drugs and age at first daily cigarette use are determined using univariate predictive mean neighborhoods.

Hot-deck imputation involves the replacement of a missing value with a valid code taken from another respondent who is "similar" and has complete data. Responding and non-responding units are sorted together by a variable or collection of variables closely related to the variable of interest Y. For sequential hot-deck imputation, a missing value of Y is replaced by the nearest responding value preceding it in the sequence. With random nearest neighbor hot-deck imputation, the missing value of Y is replaced by a responding value from a donor randomly selected from a set of potential donors close to the unit with the missing value according to some distance metric. The predictive mean neighborhood imputation involves determining a predicted mean using a model such as a linear regression or logistic regression,

depending on the response variable, where the models incorporate the design weights. In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item non-respondent and the predicted mean for each potential donor, and choosing those within a small preset value (this is the "distance metric"). The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age of first crack use must not be younger than age of first cocaine use). Whenever possible, more than one response variable was considered at a time. In that (multivariate) case, the Mahalanobis distance across a vector of several response variables' predicted means is calculated between a given item non-respondent and each candidate donor. The k smallest Mahalanobis distances, say 30, determine the neighborhood of candidate donors, and the nonrespondent's missing values in this vector are replaced by those of the randomly selected donor. A respondent may only be missing some of the responses within this vector of response variables; in that case, only the missing values were replaced, and donors were restricted to be logically consistent with the response variables that were not missing.

Although statistical imputation could not proceed separately within each state due to insufficient pools of donors, information about the state of residence of each respondent is incorporated in the modeling and hot deck steps. For most drugs, respondents were separated into three state usage categories for each drug depending on the response variable of interest; respondents from states with high usage of a given drug were placed in one category, respondents from medium usage states into another, and the remainder into a third category. This categorical "state rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item non-respondent were restricted to be of the same state usage category (the same "state rank") as the item non-respondent.

During the processing of the 2000 NHSDA data, an error was detected in the computer programs that assigned imputed values for drug use variables that had missing information in the 1999 NHSDA data file. These variables are used in making estimates of substance use incidence and prevalence. In preparing this report, the 1999 data were adjusted to correct for the error. For most substance use measures, the impact of the revision is small. Estimates of lifetime use of substances were not affected at all. Estimates of past year and past month use were all revised, but the updated numbers in many cases are nearly identical to the old ones. The effects of the error are noticeable for only four substances (alcohol, marijuana, inhalants, and heroin), in addition to the composite measures "any illicit drug use" and "any illicit drug other than marijuana." For these substances, all of the revised estimates are lower than the previous ones. For inhalants, the revised estimates are considerably lower, especially among youth. See Appendix B for more detailed information on how the error occurred, how it was corrected, and its impact on prevalence estimates.

Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, were then applied to the design-based weights to adjust for nonresponse, to control for extreme weights when necessary, and to poststratify to known population control totals. In view of the importance of state-level estimates with the new 50-state design, it was necessary to control for a much larger number of known population totals.

Several other modifications to the general weight adjustment strategy that had been used in past NHSDAs were also implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Sarndal's (1992) logit model. This generalized exponential model (GEM) (Folsom and Singh, 2000) incorporates unit-specific bounds (ℓ_k, u_k), $k \epsilon s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)},$$

where c_k are pre-specified centering constants, such that $\ell_k < c_k < u_k$ and $A_k = (u_k - \ell_k)/(u_k - c_k)(c_k - \ell_k)$. The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \tilde{T}_x = 0,$$

where $\tilde{T}_x$ denotes control totals which could be either nonrandom as is generally the case with poststratification, or random as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \epsilon s} \frac{d_k}{A_k}\left\{(a_k - \ell_k)\log\frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k)\log\frac{u_k - a_k}{u_k - c_k}\right\}$$

This general approach was used at several stages of the weight adjustment process including: (1) adjustment of household weights for nonresponse at the screener level, (2) poststratification of household weights to meet population controls for various demographic groups by state, (3) adjustment of household weights for extremes, (4) poststratification of selected person weights, (5) adjustment of person weights for nonresponse at the questionnaire level, (6) poststratification of person weights, and (7) adjustment of person weights for extremes.

Every effort was made to include as many relevant state-specific covariates (typically defined by demographic domains within states) as possible in the multi-variate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further subdivision of state samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all state-specific covariates and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping states with covariates defined at the national level, at the census division level within the nation, at the state-group within census division, and, whenever possible, at the state level. In every case, the controls for total population within state and the five age groups within state were maintained. Census control totals by age and race were required for the civilian noninstitutionalized population of each state. Published Census projections (U.S. Bureau of the Census, 2000) reflected the total residential population (which includes military and institutionalized). The 1990 census 5% public use micro data file (U.S. Bureau of the Census,

1992) was used to distribute the state residential population into two groups, and then the method of raking-ratio adjustment was used to get the desired domain-level counts such that they respect both the state-level residential population counts as well as the national-level civilian and noncivilian counts for each domain. This was done for the midpoint of each NHSDA data collection period (i.e., quarter) such that counts aggregated over the quarters correspond to the annual counts.

Several other enhancements to the weighting procedures were also implemented starting in 1999. The control of extreme weights through winsorization was incorporated into the calibration processes. Winsorization truncates extreme values at prespecified levels and distributes the trimmed portions of weights to the nontrucated cases; note that this process was carried out using the GEM model discussed above. A step was added to poststratify the household-level weights to obtain census-consistent estimates based on the household rosters from all screened households; these household roster-based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. An additional step poststratified the selected persons sample to conform with the adjusted roster estimates. The final step in poststratification related the respondent person sample to external census data (defined within state whenever possible as discussed above).

APPENDIX B: STATISTICAL METHODS AND LIMITATIONS OF THE DATA

B.1. Target Population

An important limitation of the NHSDA estimates of drug use prevalence is that they are only designed to describe the target population of the survey, e.g., the civilian noninstitutionalized population aged 12 and older. Although this population includes almost 98% of the total U.S. population aged 12 and older, it does exclude some important and unique subpopulations who may have very different drug-using patterns. The survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. Appendix C describes other surveys that provide data for these populations.

B.2. Sampling Error and Statistical Significance

The sampling error of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated for all prevalence estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

Variance Estimation for Totals

Estimates of proportions, such as drug use prevalence rates, take the form of nonlinear statistics where the variances can not be expressed in closed form. Variance estimation for nonlinear statistics is performed using a first-order Taylor series approximation in RTI's SUDAAN software package. The approximation is unbiased for sufficiently large samples and has proven to be at least as accurate and less costly to implement than its competitors such as balanced repeated replication or jackknife methods (Rao and Wu, 1985).

Corresponding to proportion estimates, $\hat{p}_d$, the number of drug users, Y_d, can be estimated as

$$\hat{Y}_d = \hat{N}_d \hat{p}_d$$

where $\hat{N}_d$ is the estimated population total for domain d, and $\hat{p}_d$ is the estimated proportion for domain d. The standard error for the total estimate, is obtained by multiplying the standard error of the proportion by $\hat{N}_d$, i.e

$$s.e.(\hat{Y}_d) = \hat{N}_d \, s.e.(\hat{p}_d).$$

This approach is theoretically correct when the domain size estimates $\hat{N}_d$ are among those forced to Census Bureau population projections through the weight calibration process. In these cases, $\hat{N}_d$ is clearly not subject to sampling error.

For domain totals Y_d where $\hat{N}_d$ is not fixed, this formulation may still provide a good approximation if we can reasonably assume that the sampling variation in $\hat{N}_d$ is negligible relative to the sampling variation in $\hat{p}_d$. In most analysis conducted for prior years, this has been a reasonable assumption.

For some of the tables produced from the 2000 data, it was clear that the above approach yielded an underestimate of the variance of a total because $\hat{N}_d$ was subject to considerable variation. In these cases, a different method was used to estimate variances. SUDAAN provides an option to directly estimate the variance of the linear statistic which estimates a population total. Using this option did not affect the standard error estimates for the corresponding proportions presented in the same sets of tables.

Suppression Criteria for Unreliable Estimates

As was done in the past, direct survey estimates considered to be unreliable due to unacceptably large sampling errors are not shown in this report, and are noted by asterisks (*) in the tables containing such estimates found in the appendices. The criterion used for suppressing all direct survey estimates was based on the relative standard error (*rse*), which is defined as the ratio of the standard error (*se*) over the estimate.

Proportion estimates (p) within the range [$0<p<1$], rates and corresponding estimated number of users were suppressed if:

$$rse[(-\ln(p)] > 0.175 \text{ when } p < 0.5$$

or

$$rse[(-\ln(1-p)] > 0.175 \text{ when } p \geq 0.5.$$

Using a first-order Taylor series approximation to estimate $rse[(-\ln(p)]$ and $rse[(-\ln(1-p)]$, we have the following, which was used for computational purposes:

$$\frac{se(p)/p}{-\ln(p)} > 0.175 \text{ when } p < 0.5$$

or

$$\frac{se(p)/(1-p)}{-\ln(1-p)} > 0.175 \text{ when } p \geq 0.5.$$

The separate formulae for $p < 0.5$ and $p \geq 0.5$ produces a symmetric suppression rule; that is, if p is suppressed, then so will $1-p$. This is an ad hoc rule that requires an effective sample size in excess of 50. When $0.05 < p < 0.95$, the symmetric properties of the rule produces a local maximum effective sample size of 68 at $p = 0.5$. Thus, estimates with these values of p along with effective sample sizes falling below 68 are suppressed. A local minimum effective sample size of 50 occurs at $p = 0.2$ and again at $p = 0.8$ within this same interval; so, estimates are suppressed for values of p with effective sample sizes below 50.

In previous NHSDA surveys, these varying sample size restrictions sometimes produced unusual occurrences of suppression for a particular combination of prevalence rates. For example, in some cases, lifetime prevalence rates near $p = 0.5$ were suppressed (effective sample size was less than 68 but greater than 50), while not suppressing the corresponding past year or past month estimates near $p = 0.2$ (effective sample sizes were greater than 50). To reduce the occurrence of this type of inconsistency, a minimum effective sample size of 68 was added to the suppression criteria in the 2000 NHSDA. As p approaches 0.00 or 1.00 outside the interval (0.05, 0.95), the suppression criteria will still require increasingly larger effective sample sizes. For example, if p=0.01 and 0.001, the effective sample size must exceed 152 and 684, respectively.

Also new to the 2000 survey is a minimum nominal sample size suppression criteria ($n = 100$) that protect against unreliable estimates caused by small design effects and small nominal sample sizes. Prevalence estimates are also suppressed if they are close to zero or 100 percent (i.e., if $p < .00005$ or if $p \geq .99995$).

Estimates of other totals (e.g., number of initiates) along with means and rates (both not bounded between 0 and 1) are suppressed if:

$$rse(p) > 0.5.$$

Additionally, estimates of mean age of first use were suppressed if the sample size is smaller than 10 respondents; also, the estimated incidence rate and number of initiates were suppressed if they round to 0.

The suppression criteria for various NHSDA estimates are summarized in Table B.1 below.

Table B.1. Summary of 2000 NHSDA Suppression Rules

Estimate	Suppress if:
Prevalence rate, p, with nominal sample size, n and design effect *deff*	The estimated prevalence rate, p, is less than 0.00005 or greater than 0.99995, or $\frac{se(p)/p}{-\ln(p)} > 0.175$ when $p < 0.5$, or $\frac{se(p)/(1-p)}{-\ln(1-p)} > 0.175$ when $p \geq 0.5$, or *Effective* $n < 68$, or $n < 100$ where *Effective* $n = \frac{n}{deff}$ Note: The rounding portion of this suppression rule for prevalence rates will produce some estimates that round at one decimal place to 0.0% or 100.0% but are not suppressed from the tables.
Estimated Number (Numerator of p)	The estimated prevalence rate, p, is suppressed. Note: In some instances when p is not suppressed, the estimated number may appear as a 0 in the tables; this means that the estimate is greater than 0 but less than 500 (estimated numbers are shown in thousands).
Mean age at first use, $\bar{x}$, with nominal sample size, n	$rse(\bar{x}) > 0.5$, or $n < 10$
Incidence rate, $\hat{r}$	Rounds to less than 0.1 per thousand person-years of exposure, or $rse(\hat{r}) > 0.5$
Number of initiates, $\hat{t}$	Rounds to less than 1000 initiates, or $rse(\hat{t}) > 0.5$

Statistical Significance of Differences

This section describes the methods that were used to compare the prevalence estimates in this report. Customarily, the observed difference between estimates is evaluated in terms of its statistical significance. "Statistical significance" refers to the probability that a difference as large as that observed would occur due to random error in the estimates if there were no difference in the prevalence rates for the population groups being compared. The significance of observed differences in this report is generally reported at the 0.05 and 0.01 levels. When making comparisons between the 1999 and 2000 prevalence estimates, one can test the null hypotheses (no difference in the 1999 and 2000 prevalence rates) against the alternative hypothesis (there is a difference in prevalence rates) using the standard difference in proportions test expressed as

$$Z = \frac{p_1 - p_2}{\sqrt{var(p_1) + var(p_2) - 2cov(p_1,p_2)}}$$

where p_1 = 1999 estimate, p_2 = 2000 estimate, $var(p_1)$ = variance of 1999 estimate, $var(p_2)$ = variance of 2000 estimate, and $cov(p_1,p_2)$ = covariance between p_1 and p_2.

Under the null hypothesis, Z is asymptotically distributed as a normal random variable. Calculated values of Z can therefore be referred to as the unit normal distribution to determine the corresponding probability level (i.e., p-value). Since there is a 50 percent overlap in the sampled segments between the 1999 and 2000 NHSDAs, the covariance term in the formula for Z will, in general, be greater than zero. Estimates of Z along with its p-value were calculated using RTI's (Research Triangle Institute) SUDAAN, using the analysis weights and accounting for the sample design as described in Appendix A. A similar procedure and formula for Z are used for estimated totals.

When making comparisons of estimates for different population subgroups from the same data year, the covariance term, which is usually small and positive, was ignored. This results in somewhat conservative tests of hypotheses that sometimes fail to establish statistical significance when in fact it exists.

B.3. Nonsampling Error

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures such as response rates and from other research studies.

Screening and Interview Response Rate Patterns

Response rates for the NHSDA were stable for the period of 1994-1998, with the screening response rate at about 93% and the interview response rate at about 78% (response rates discussed in this Appendix are weighted). In 1999, the CAI screening response rate was 89.6% and the interview response rate was about 68.6%. A more stable and experienced field interviewer workforce improved these rates in 2000. Of the 182,576 eligible households sampled for the 2000 NHSDA main study, 169,769 were successfully screened for a weighted screening response rate of 92.8% (Table B.2). In these screened households, a total of 91,961 sample persons were selected, and completed interviews were obtained from 71,764 of these sample persons, for a weighted interview response rate of 73.9%. A total of 10,109 (15.0%) sample

persons were classified as refusals, 4,834 (5.5%) were not available or never at home, and 5,254 (5.5%) did not participate for various other reasons, such as physical or mental incompetence or language barrier (Table B.3). Tables B.4 and B.5 show the distribution of the selected sample by interview code and age group. The weighted interview response rate was highest among 12 to 17 year olds (82.6%), females (75.1%), blacks and Hispanics (76.2% and 78.0% respectively), in non-metropolitan areas (77.6%), and among persons residing in the South (76.4%) (Table B.6).

The increase in nonresponse between the 1998 and 1999 NHSDAs can be attributed primarily to the hiring of many new and inexperienced Field Interviewers in 1999 and a larger than usual turnover. By the end of 2000, the interviewer workforce primarily consisted of experienced interviewers and fewer were leaving for other jobs. In 1999, there were 1,997 Field Interviewers hired and trained to conduct the computer-assisted interviewing (CAI) and paper and pencil interviews (PAPI) surveys. More than a third of them did not complete the survey year (37.7%). In 2000, the number of trained interviewers decreased to 1356 (since only CAI interviews were conducted in 2000), and the attrition rate dropped to 29.8%. Both prior NHSDA experience and on-the-job experience were shown to be related to nonresponse. Previously experienced interviewers and interviewers with one, two, or three quarters of on-the-job experience were more successful at obtaining an interview.

The overall weighted response rate, defined as the product of the weighted screening response rate and weighted interview response rate, was 61.5% in 1999 and 68.6% in 2000 (an 11.5 percent improvement over the 1999 rate). Nonresponse bias can be expressed as the product of the response rate (R) and the difference between the characteristic of interest between respondents and nonrespondents in the population ($P_r - P_{nr}$). Thus, assuming the quantity ($P_r - P_{nr}$) is fixed over time, the improvement in response rates in 2000 will result in estimates with lower nonresponse bias.

Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 98% for most questionnaire items. However, inconsistent responses for some items, including the drug use items, are common. Estimates of substance use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgement on the part of survey analysts and is a potential source of nonsampling error. Because of the automatic routing through the CAI questionnaire (e.g., lifetime drug use questions which skip entire modules when answered "no"), there is less editing of this type than in the PAPI questionnaire used in previous years.

Table B.2 Weighted Percent and Sample Size for 1999 and 2000 NHSDAs by Screening Result Code

Screening Result	1999 NHSDA		2000 NHSDA	
	Sample Size	Weighted Percent	Sample Size	Weighted Percent
Total Sample	223,868	100.00	215,860	100.00
Ineligible Cases	36,026	15.78	33,284	15.09
Eligible Cases	187,842	84.22	182,576	84.91
Ineligibles	36,026	100.00	33,284	100.00
Vacant	18,034	49.71	16,796	50.76
Not a Primary Residence	4,516	12.90	4,506	13.26
Not a Dwelling Unit	4,626	12.70	3,173	9.33
All Military Personnel	482	1.22	414	1.21
Other, Ineligible	8,368	23.46	8,395	25.43
Eligible Cases	187,842	100.00	182,576	100.00
Screening Complete	169,166	89.63	169,769	92.84
No One Selected	101,537	54.19	99,999	55.36
One Selected	44,436	23.63	46,981	25.46
Two Selected	23,193	11.82	22,789	12.03
Screening Not Complete	18,676	10.37	12,807	7.16
No One Home	4,291	2.38	3,238	1.82
Respondent Unavailable	651	0.36	415	0.24
Physically or Mentally Incompetent	419	0.24	310	0.16
Language Barrier - Hispanic	102	0.06	83	0.05
Language Barrier - Other	486	0.28	434	0.27
Refusal	11,097	5.92	7,535	4.14
Other, Access Denied	1,536	1.08	748	0.45
Other, Eligible	38	0.02	7	0.00
Other, Problem Case	56	0.03	37	0.02

Table B.3. Weighted Percent and Sample Sizes for 1999 and 2000 NHSDA by Final Interview Code Among Persons Aged 12 or Older

Final Interview Code	1999 NHSDA		2000 NHSDA	
	Sample Size	Weighted Percent	Sample Size	Weighted Percent
Total Selected Persons	89,883	100.00	91,961	100.00
Interview Complete	66,706	68.55	71,764	73.93
No One at Dwelling Unit	1,795	2.13	1,776	2.02
Respondent Unavailable	3,897	4.53	3,058	3.52
Break-Off	50	0.07	72	0.09
Physically/Mentally Incompetent	1,017	2.62	1,053	2.57
Language Barrier - Spanish	168	0.12	109	0.08
Language Barrier - other	480	1.46	441	1.06
Refusal	11,276	17.98	10,109	14.99
Parental Refusal	2,888	1.01	2,655	0.88
Other	1,606	1.53	924	0.86

Table B.4. Weighted Percent and Sample Sizes for 1999 and 2000 NHSDA by Final Interview Code Among Persons Aged 12 to 17

Final Interview Code	1999 NHSDA		2000 NHSDA	
	Sample Size	Weighted Percent	Sample Size	Weighted Percent
Total Selected Persons	32,011	100.00	31,242	100.00
Interview Complete	25,384	78.07	25,756	82.58
No One at Dwelling Unit	322	1.09	278	0.86
Respondent Unavailable	872	3.04	617	2.05
Break-Off	13	0.03	18	0.05
Physically/Mentally Incompetent	244	0.76	234	0.76
Language Barrier - Spanish	15	0.03	10	0.03
Language Barrier - other	58	0.18	50	0.20
Refusal	1,808	5.97	1,455	4.52
Parental Refusal	2,885	9.50	2,641	8.35
Other	410	1.33	183	0.59

Table B.5. Weighted Percent and Sample Size for 1999 and 2000 NHSDA by Final Interview Code Among Persons Aged 18 or Older

Final Interview Code	1999 NHSDA		2000 NHSDA	
	Sample Size	Weighted Percent	Sample Size	Weighted Percent
Total Selected Persons	57,872	100.00	60,719	100.00
Interview Complete	41,322	67.41	46,008	72.92
No One at Dwelling Unit	1,473	2.25	1,498	2.16
Respondent Unavailable	3,025	4.71	2,441	3.69
Break-Off	37	0.07	54	0.09
Physically/Mentally Incompetent	773	2.85	819	2.78
Language Barrier - Spanish	153	0.13	99	0.09
Language Barrier - other	422	1.62	391	1.16
Refusal	9,468	19.41	8,654	16.22
Parental Refusal	3	0.00	14	0.01
Other	1,196	1.55	741	0.89

Table B.6. Response Rates and Sample Sizes for the 1999 and 2000 NHSDAs by Demographic Characteristics

	1999 NHSDA			2000 NHSDA		
	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Completed Interviews	Weighted Response Rate
Total	**89,883**	**66,706**	**68.55%**	**91,961**	**71,764**	**73.93%**
Age						
12-17	32,011	25,384	78.07%	31,242	25,756	82.58%
18-25	30,439	22,151	71.21%	29,424	22,849	77.34%
26 or Older	27,433	19,171	66.76%	31,295	23,159	72.17%
Gender						
Male	43,883	31,987	67.12%	44,899	34,375	72.68%
Female	46,000	34,719	69.81%	47,062	37,389	75.09%
Race/Ethnicity						
Hispanic	11,203	8,755	74.59%	11,454	9,396	77.95%
Non-Hispanic, White	*63,211*	*46,272*	*67.98%*	*64,517*	*49,631*	*73.39%*
Non-Hispanic, Black	10,552	8,044	70.39%	10,740	8,638	76.19%
Non-Hispanic, All Other Races	4,917	3,635	59.28%	5,250	4,099	67.31%
Region						
Northeast	16,794	11,830	64.03%	18,959	14,394	71.68%
Midwest	24,885	18,103	69.63%	25,428	19,355	73.23%
South	27,390	21,018	70.93%	27,217	22,041	76.38%
West	20,814	15,755	67.47%	20,357	15,974	72.68%
County Type						
Large Metro	36,101	25,901	65.15%	37,754	28,744	71.77%
Small Metro	30,642	22,612	69.98%	31,400	24,579	74.96%
Nonmetro	23,140	18,193	74.97%	22,807	18,441	77.58%

In addition, less logical editing is used because with the CAI data, statistical imputation is relied upon more heavily to determine the final values of drug use variables in cases where there is the potential to use logical editing to make a determination. The combined amount of editing and imputation in the CAI data is still considerably less than the total amount used in prior PAPI surveys. For the 2000 CAI data, for example, 3.2% of the estimate of past month hallucinogen use is based on logically edited cases and 5.4% on imputed cases, for a combined amount of 8.6%. For the 1999 CAI data, 1.7% of the estimate of past month hallucinogen use is based on logically edited cases and 4.6% on imputed cases, for a combined amount of 6.2%. In the 1998 NHSDA (administered using PAPI), the amount of editing and imputation for past month hallucinogen use was 60% and 0%, respectively, for a total of 60%. The combined amount of editing and imputation for the estimate of past month heroin use is 5.0% for the 2000 CAI, 14.8% for the 1999 CAI, and 37.0% for the 1998 PAPI data.

Imputation Error in the 1999 NHSDA Estimates

While working on the 2000 NHSDA imputations, a programming error was discovered in the 1999 imputations of recency of use, frequency of use, and age at first use for several drugs. This error resulted in overestimates of past year and past month use of marijuana, inhalants, heroin, and alcohol. Thus, estimates such as past month any illicit drug use and use of any illicit drug other than marijuana were also affected. The error was limited to cases which did not have complete recency information, where it was necessary to maintain consistency between the 30-day frequency and 12-month frequency data during the imputation process. This error did not affect lifetime use measures. Because of the sequential nature of the imputation procedures (i.e., imputed values for a substance processed early are used subsequently in the imputation of data on other substances), it was necessary to reimpute recency of use, frequency of use, and age at first use measures for all substances. Rerunning the imputations for all substances provided the opportunity to employ several minor enhancements to the imputation procedure that had been developed for the 2000 data, thereby improving consistency between the 1999 and 2000 estimates. Due to these enhancements and the random nature of the imputation process, the revised 1999 substance use estimates are slightly different from those previously published for all substances. Below is a discussion of how the error was discovered and the corrective actions that were taken. More information about the statistical imputation procedures used in the NHSDA data can be found in Appendix A. A more complete discussion of the imputation error can be found in the 1999 NHSDA Methodological Resource Book, Section 4.

How the Error Was Discovered:

New quality control checks were instituted on the 2000 imputations of substance use variables. These checks were also applied to the 1999 data, revealing unusual imputation results for alcohol, marijuana, inhalant, and heroin use variables. Results showed that a large proportion of respondents who were known lifetime users, but had missing recency information, had been imputed to be past month and past year users. Further checking of computer programs involved in the imputation of these variables identified the error.

Description of the Error:

If a respondent is a past month user of one of these four substances, he or she should have values for frequency of use in the past month and in the past year. Legitimate values for users are 1 to 30 for past month frequency and 1 to 365 for past year frequency. (For the 12-month frequency, the variable that is actually used in the imputation of missing values is the proportion of the past year that the donor used a particular drug.) However, if the respondent is a user of a substance in the past year but not the past month, he or she would not have a value for the 30-day frequency of use variable. Moreover, respondents who did not use a substance in the past year would not have values for either of the frequency of use variables. Before the NHSDA imputation programs are run, the editing procedures assign "skip" codes for the frequency of use variables for these respondents for whom frequency information is not present: a "93" for the 30-day frequency variables and a "993" for the 12-month frequency variables.

For NHSDA respondents with missing values for certain key items (such as recency and frequency of substance use), the imputation procedure involves defining a "donor pool" which consists of respondents with complete data that can be "donated" to the respondents with missing data. This process is done within subgroups of users based on the amount of information that is known. For example, respondents with missing data on lifetime use of a substance draw from a donor pool that includes both users and nonusers, but respondents who are known to be lifetime users but have unknown recency draw from a donor pool of lifetime users, excluding the nonusers. For many of the substance use measures, the imputation is multivariate, meaning that a respondent with more than one item missing will receive imputed values for all those missing items from a single donor.

The donor pool for respondents whose recency is not completely known should consist of respondents with a variety of values for recency and frequency of use, including skip codes for frequency of use where applicable. For example, if a respondent is a lifetime user of marijuana but past year and past month use information is missing, donors consist of the following possibilities.

- past month user with valid values for 12-month frequency of use and 30-day frequency of use
- past year but not past month user with valid values for 12-month frequency of use and the skip code for 30-day frequency of use (93)
- lifetime but not past year user with skip codes for 12-month frequency of use (993) and 30-day frequency of use (93), and missing values for the proportion of the past year that the donor used

One of the constraints built into the imputation programs is to make sure that each respondent's 12-month frequency of use is greater than his or her 30-day frequency, provided he or she is a past month user. Thus, potential donors are checked to make sure that when their

Table B.7. Comparison of Original And Revised Estimates of Percentages Reporting Past Year and Past Month Use of Illicit Drugs and Alcohol Among Persons Aged 12 or Older: 1999

Drug	Past Year		Past Month	
	1999 Original	1999 Revised	1999 Original	1999 Revised
Any Illicit Drug[1]	11.9	11.5	6.7	6.3
Marijuana and Hashish	8.9	8.6	5.1	4.7
Heroin	0.2	0.2	0.1	0.1
Inhalants	1.1	0.9	0.5	0.3
Any Illicit Drug Other Than Marijuana[1]	6.3	6.1	2.9	2.7
Alcohol	62.6	62.3	47.3	46.4
Binge Use	–	–	20.2	20.2
Heavy Use	–	–	5.6	5.7

See footnotes at the end of Table B.8.

Table B.8. Comparison of Original And Revised 1999 Estimates of Percentages Reporting Past Year and Past Month Use of Illicit Drugs and Alcohol Among Persons Aged 12 to 17: 1999

Drug	Past Year		Past Month	
	1999 Original	1999 Revised	1999 Original	1999 Revised
Any Illicit Drug[1]	20.3	19.8	10.9	9.8
Marijuana and Hashish	14.4	14.2	7.7	7.2
Heroin	0.3	0.3	0.2	0.2
Inhalants	4.6	3.9	1.9	1.1
Any Illicit Drug Other Than Marijuana[1]	12.0	11.6	5.3	4.5
Alcohol	34.9	34.1	18.6	16.5
Binge Use	–	–	10.9	10.1
Heavy Use	–	–	2.5	2.4

– Not available.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.

[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 CAI.

frequency-of-use information is donated to a respondent with missing data, it is consistent with pre-existing frequency of-use-data for that respondent. The error resulted from implementing this check across all potential donors, regardless of their recency of use. As a result, missing data values were incorrectly applied in comparisons that were designed to work only with valid frequency of use values. Many potential donors that were past year but not past month users were excluded from the donor pool because their past year frequency was less than 93, the skip code for 30-day frequency of use. Even more significant, potential donors who were lifetime but not past year users were entirely excluded from the donor pool because the proportion of the past year that the donor used for these cases was correctly coded to a missing value. The donated 12-month frequency that was derived from this proportion was therefore also missing. These missing values were then compared with the past month frequency skip code (93) and determined to be smaller by the software used (SAS). The result of these donor pool restrictions was that for respondents who were known lifetime users of any of the four drugs but had missing information on recency of use, the imputation procedure applied a donor pool made up entirely of past year users, most of whom were past month users.

How the Error Was Corrected:

In the revised programs for the multivariate imputation of recency and frequency of use, the consistency constraints that are applied depend upon the recency of use of the potential donor. Hence, donors who are past month users have one set of consistency constraints applied, past year but not past month users have another set, and lifetime but not past year users have yet another set.

Tables B.7 and B.8 present the 1999 estimates before the error was corrected (original) and after the correction (revised). These original estimates are presented in the 1999 NHSDA Summary of Findings Report (SAMHSA, 2000c); the revised 1999 estimates are included in this report. As expected, most revised estimates are lower than the original estimates. Measures with the most notable decrease were past year and past month use of inhalants, particularly among adolescents. For example, past year inhalant use among persons aged 12 to 17 decreased from 4.6 percent to 3.9 percent (Table B.8).

Validity of Self-Reported Use

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed. No adjustment to NHSDA data is made to correct for this (Appendix D lists a number of references addressing the validity of self-reported drug use data). The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Turner, Lessler, and Gfroerer 1992; Aquilino 1994). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youth in their homes may be substantial (Gfroerer 1993; Gfroerer, Wright, and Kopstein 1997).

Assessment of Long-term Trends

While the redesign has improved the NHSDA estimates of substance use prevalence, it also made it difficult to assess long-term trends. Because of the major differences between the CAI and PAPI methods, it is not appropriate to compare the 1999 or 2000 CAI estimates of substance use prevalence to earlier NHSDA estimates to assess changes over time in substance use. To assess trends, SAMHSA fielded a supplemental national sample employing the PAPI methodology in 1999. This sample of 13,809 persons employed a paper questionnaire that was identical to the one fielded in 1998. Weighting, editing, and imputation procedures were also conducted in a manner comparable to prior years' surveys.

In spite of the efforts taken to maintain total methodological comparability, analyses have suggested that the 1999 PAPI data are not comparable to earlier data. Investigations into possible problems related to data collection, response rates, Quarter 1 startup, weighting, editing and imputation were done to see if any procedural changes or errors may underlie the problem. While no technical problems or obvious causes associated with these factors have been discovered, one line of inquiry was to investigate possible interviewer experience effects. That study shows that respondents were more likely to report substance use in interviews conducted by inexperienced interviewers than by experienced interviewers. Differences were found in prevalence rates based on data collected by experienced and inexperienced interviewers. Because of the expansion of the sample, a significantly larger proportion of the interviewers in 1999 were inexperienced than in prior years. Also observed was a decline in substance use rates over time (within 1999) that seemed to be correlated only with the growing experience of interviewers.

The impact on prevalence estimates is large enough that comparisons of the 1999 PAPI estimates to estimates from earlier NHSDAs should not generally be included to describe long-term trends. However, based on analysis of statistical models that account for the effect of interviewer experience, adjustments to 1999 PAPI data (in the form of revised analysis weights) have been developed for a limited set of key trend measures of interest. Analysis of the CAI sample discussed in this Appendix indicates smaller interviewer experience effects.

In view of the large discrepancies between the distributions of the interviewer characteristics over the two years, the bounds on the poststratification adjustment factor had to be broadened to keep the same set of covariates in the model in addition to the new interviewer experience covariates. As a result, the realized design effect for the total sample increased from 3.01 to 5.77 because, on average, the adjusted weights were about twice as large as the original weights for the prior NHSDA experience interviewer data while being cut in half for data corresponding to interviewers with no prior NHSDA experience.

Impact of Field Interviewer Experience on the 1999 and 2000 CAI Estimates

In the 1999 NHSDA Summary of Findings Report (SAMHSA, 2000c), it was reported that the large change in the distribution of experienced and inexperienced Field Interviewers (FI) between the 1998 and 1999 surveys was associated with unanticipated and unusually large increases in substance use rates for data collected using the paper and pencil interview (PAPI) method. The report also found that data collected from interviewers with prior NHSDA

experience resulted in drug use rates that were significantly lower than rates based on data collected from interviewers with no prior NHSDA experience. As a result, the 1999 PAPI estimates presented in the above SAMHSA report were based on analysis weights that were adjusted to measures representing the 1998 FI experience distribution.

Along with fielding PAPI data, the 1999 NHSDA marked the beginning of the use of computer-assisted interviewing (CAI) methods to solicit data from over 66,000 respondents in 50 states and the District of Columbia that year. This section will focus on the analysis of 1999 and 2000 CAI data to determine the impact of FI experience on drug use estimates (PAPI data were not collected in 2000). Overall, it was found these interviewer effects still remain although not as pronounced as found in the PAPI data. Based on these findings, it was not necessary to adjust the CAI analysis weights as was done with the 1999 PAPI data.

Similar to analyses of the 1998 and 1999 PAPI data, Field Interviewer experience for 1999 and 2000 CAI data was defined two different ways: 1) a two level overall experience variable (no prior NHSDA experience, some prior NHSDA experience) and, 2) by interview order, which is a measure of experience level over the course of the survey year (i.e., 1=first interview conducted, 100=100th interview conducted). Here, an interview order was defined in terms of a five level variable is used (1-19, 20-39, 40-59, 60-99, and 100+). For the 1999 CAI, interviewers with no experience were simply those who did not have NHSDA experience prior to the 1999 survey. For the 2000 survey, interviewers with no experience were those who did not have NHSDA experience prior to 1999 and did not complete any interviews in 1999; thus, until the 2000 survey, these individuals did not have any experience collecting NHSDA data. Tables B.9 and B.10 present the distribution of CAI Field Interviewers and interviews in 1999 and 2000 according to interviewer experience. Over 86 percent of the 1999 interviewer workforce had no prior NHSDA experience, and they were responsible for about 78 percent of the 66,706 completed interviews. In contrast, less than 28 percent of the 2000 interviewer workforce had no prior NHSDA experience, collecting data from less than 15 percent of the 71,764 completed interviews. The large number of inexperienced interviewers in 1999 was due to extensive hiring to work the sample which had expanded threefold from 1998. Note that over half of the interviews were conducted by FIs before their 40th interview in either survey year. Table B.11 (which is the weighted version of Table B.10) show results similar to Table B.10. Overall, the 1999 FI workforce and collected data were dominated by inexperienced interviewers, while the opposite was true in 2000.

Tables B.12 and B.13 compare 1999 CAI and PAPI weighted estimates of lifetime use of any illicit drug and nonmedical use of any psychotherapeutic drug by prior interviewer experience and interview order. Both the 1999 PAPI and 1999 CAI estimates show a decreasing trend as the interview order increases; also, estimates within a given year and interview order were higher among interviewers with no prior NHSDA experience than among those with some experience. However, the decline among PAPI interviewers was generally larger than among CAI interviewers. For example, among PAPI interviewers, the percent change in rates of lifetime use of any nonmedical psychotherapeutic drug decreased overall by 38.8 percent between the 1-19 and 100+ interview order group (from 13.4 percent to 8.2 percent) (Table B.13). In comparison, estimates from the same interview order groups in the CAI declined by 15.8 percent (from 15.8 percent to 13.3 percent). Estimates of lifetime use of any illicit drug also

declined for both PAPI and CAI overall, although at a slower rate between the lowest and highest interview order groups among CAI interviewers.

Using the same two drug measures, Table B.14 contains prevalence rates from the 2000 survey as a function of interview order and experience. Parallel to what was observed from the 1999 PAPI and CAI data, there appears to be an inverse relationship between interview order and drug use rates.

To investigate the effects of adjusting for interview experience on various measures of change, a logistic regression model was used with the results shown as odds ratios. RTI's (Research Triangle Institute) SUDAAN was employed and the analysis weights were used in both years. The sample structure was represented using standard NHSDA analysis NEST statements for variance strata and variance replicates. The drug use measures modeled were lifetime, past year, and past month use of any illicit drug, marijuana, and nonmedical use of any psychotherapeutic drug (Table B.15). In these models, the response variable was a dichotomous measure of drug use (1=yes, 0=no). Odds ratios that are in bold and less than 1 for the "change from 1999 to 2000" effect indicate that 2000 estimates are significantly lower than the 1999 estimates; other odds ratios shown in bold are statistically significant from the reference class (at the α=0.05 level of significance). Results are shown before and after the adjustment for covariates. The covariates used are the following: (1) year (1999, 2000); (2) prior interviewer experience (no NHSDA experience, some NHSDA experience); (3) interview order (1-19, 20-39, 40-59, 60-99, and 100+); (4) age of respondent (12-17, 18-25, 26-34, 35+); (5) census region (Northeast, North Central, South, and West); (6) gender of respondent; (7) race/ethnicity of respondent (Hispanic, Non-Hispanic black, and Non-Hispanic, all other races), and (8) population density (1 million or more persons in a Metropolitan Statistical Area (MSA), 250,000 to 999,999 persons in an MSA, less than 250,000 persons in an MSA, persons not in an MSA and not in a rural area; and persons not in an MSA and in a rural area).

Odds ratios that are in bold and less than 1 for the "change from 1999 to 2000" effect indicate that 2000 estimates are significantly lower than the 1999 estimates; other odds ratios shown in bold are statistically significant from the reference class (at the α=0.05 level of significance). Table B.15 shows the unadjusted odds ratio for the "change from 1999 to 2000" to be, in general, similar to the model odds ratio which controls for demographics, prior interviewer experience, and interviewer order. Most notable are odds ratios which are generally lower for experienced interviewers compared to those with no prior experience. However, compared to the PAPI analysis (using exactly the same model on the 1998 and 1999 PAPI data), the CAI odds ratios comparing experienced to inexperienced interviewers are much closer to 1.00. For example, the PAPI odds ratios for nonmedical use of any psychotherapeutics drug during the lifetime and past month were 0.69 and 0.59 (statistically significant), respectively (SAMHSA, 2000c), compared to 0.85 (statistically significant) and 1.02 (not statistically significant), respectively for CAI. Statistically significant odds ratios for any illicit and marijuana lifetime use from the PAPI data where also lower, ranging from 0.84 to 0.90 compared to 0.88 to 0.92 from the CAI data.

Table B.16 shows results from age-specific models for lifetime and past month any illicit substance use. Results for marijuana (not shown) are similar to results for any illicit substance. Except for the elimination of age, the same covariates are used as the model used in Table B.15.

As before, results are shown before and after adjustment for demographics, prior interviewer experience, and interview order. Similarly, across age groups, the adjustment does not significantly change the magnitude of the year to year change. Compared to the 1999 PAPI analysis, the odds ratios for Field Interviewers with some NHSDA experience were generally higher in the CAI interviewing environment (although still below 1.00).

In order to examine more directly the effect the more experienced field interviewer workforce in 2000 would have on the 1999 estimates, and subsequently trends, the analysis weights in the 1999 CAI were adjusted (in Table B.17 in this appendix only). More specifically, the 1999 analysis weights were adjusted by introducing additional controls from the 2000 survey into the poststratification step of the 1999 weighting process. The additional control totals were derived by using the 2000 weighted distribution as shown in Table B.11 (i.e., 86.0% with prior NHSDA experience vs. 14.0% with no prior NHSDA experience; 30.0% with interview number 1-19, 55.2% in the category 20-99, and 14.7% in the 100+ category). Since the 2000 control totals for FI experience were so different from the observed ones for 1999 CAI, it required a drastic weight adjustment, and resulted in a three-fold increase the design effect due to unequal weighting (from 4.6 before adjustment to 15.9 after adjustment). On average, the adjusted weights were about 3.5 times larger than original weights for the prior NHSDA experience interviewer data, while being cut by a factor of 0.3 for data corresponding to interviewers with no prior NHSDA experience. Table B.17 presents past month use of various illicit drugs, alcohol, and tobacco for 1999 (adjusted and unadjusted for interviewer experience) and 2000. As with the unadjusted 1999 estimates, the results of this interviewer experience adjustment show very few statistically significant differences between the adjusted 1999 and 2000 estimates. Statistical significance between the adjusted 1999 and 2000 estimates and the unadjusted 1999 and 2000 estimates occurred among different characteristics. However, the direction of the change (statistically significant or not) was consistent. For example, for binge alcohol use among persons aged 12 or older, there is a statistically significant increase between the adjusted 1999 estimate (19.3 percent) and the 2000 estimate (20.6 percent). The unadjusted 1999 estimate was 20.2 percent which, while not statistically different from the 2000 estimate, was lower in magnitude. Similar occurrences can be seen for cocaine use (aged 18 and over), heroin use (aged 12 to 17), use of pain relievers (aged 12-17), binge alcohol use (aged 18 and over) and cigarette use (aged 12 to 17).

The analysis presented here indicates that the uneven mix of experienced and inexperienced NHSDA field interviewers between 1999 and 2000 had some effect on estimated drug use rates in 1999, 2000, and the trend. Overall, the 1999 and 2000 CAI rates of decline are smaller in magnitude than the 1999 PAPI rates of decline, which is an indication that the CAI methods are playing a role in reducing the effects of FI experience on substance use rates. However, because the mechanism of these effects is unknown, additional studies will be undertaken to increase our understanding this phenomenon. In the meantime, analyses of interviewer effects as seen in this Appendix will continue to be presented in subsequent reports.

Table B.9. Unweighted Distribution of Interviewers by Field Interviewer Experience: 1999 and 2000 CAI

Prior Interviewer NHSDA Experience	CAI Interviewers			
	1999		2000	
	No.	%	No.	%
None	1544	86.4	368	27.5
Some	243	13.6	968	72.5
Total	1787	100.0	1336	100.0

Table B.10. Unweighted Distribution of CAI Interviews by Interview Order and Prior Interviewer Experience: 1999 and 2000 CAI

Interview Order	1999 CAI					2000 CAI				
	No Prior NHSDA		Some Prior NHSDA		Total	No Prior NHSDA		Some Prior NHSDA		Total
	No.	%	No.	%	%	No.	%	No.	%	%
1-19	18,713	28.1	2,999	4.5	32.6	5,036	7.0	15,744	21.9	29.0
20-39	12,088	18.1	2,656	4.0	22.1	2,633	3.7	13,143	18.3	22.0
40-59	7,902	11.9	2,262	3.4	15.2	1,276	1.8	10,163	14.2	15.9
60-99	8,505	12.8	3,076	4.6	17.4	1,126	1.6	12,244	17.1	18.6
100 +	5,114	7.7	3,391	5.1	12.8	426	0.6	9,973	13.9	14.5
Subtotals	52,322	78.4	14,384	21.6	100.0	10,497	14.6	61,267	85.4	100.0
Total	66,706					71,764				

Table B.11. Weighted Distribution of CAI Interviews by Interview Order and Prior Interviewer Experience (Numbers in Thousands): 1999 and 2000 CAI

Interview Order	1999 CAI					2000 CAI				
	No Prior NHSDA		Some Prior NHSDA		Total	No Prior NHSDA		Some Prior NHSDA		Total
	No. (000)	%	No. (000)	%	%	No. (000)	%	No. (000)	%	%
1-19	66,339	30.0	14,760	6.7	36.7	15,335	6.9	51,724	23.2	30.0
20-39	39,169	17.7	12,646	5.7	23.4	7,957	3.6	38,896	17.4	21.0
40-59	22,925	10.4	8,582	3.9	14.3	3,376	1.5	31,086	13.9	15.4
60-99	22,507	10.2	11,166	5.1	15.2	3,361	1.5	38,677	17.3	18.8
100 +	12,416	5.6	10,613	4.8	10.4	1,259	0.6	31,610	14.2	14.7
Subtotals	163,355	73.9	57,768	26.1	100.0	31,287	14.0	191,993	86.0	100.0
Total	221,123					223,280				

Table B.12. Percent Reporting Lifetime Use of Any Illicit Drug by Interview Order and Prior Interviewer Experience: 1999 PAPI and 1999 CAI

Interview Order	1999 PAPI			1999 CAI		
	No Prior NHSDA	Some Prior NHSDA	**All Interviews**	No Prior NHSDA	Some Prior NHSDA	**All Interviews**
1-19	39.9	36.3	**39.3**	41.5	39.5	**41.1**
20-39	40.3	41.8	**40.7**	40.8	39.4	**40.5**
40-59	38.0	37.7	**37.9**	38.9	35.4	**38.0**
60-99	37.7	37.8	**37.7**	40.7	34.8	**38.7**
100 +	35.7	30.6	**33.8**	37.1	35.8	**36.5**
All Interviews	38.9	37.1	**38.5**	40.5	37.3	**39.7**
% Change from 1-19 to 100+ Interviews	-10.5%	-15.7%	**-14.0%**	-10.6%	-9.4%	**-11.2%**

Table B.13. Percent Reporting Lifetime Nonmedical Use of Any Psychotherapeutic Drug by Interview Order and Prior Interviewer Experience: 1999 PAPI and 1999 CAI

Interview Order	1999 PAPI			1999 CAI		
	No Prior NHSDA	Some Prior NHSDA	**All Interviews**	No Prior NHSDA	Some Prior NHSDA	**All Interviews**
1-19	13.3	13.8	**13.4**	16.0	14.8	**15.8**
20-39	11.9	10.9	**11.7**	16.5	16.4	**16.5**
40-59	12.7	7.2	**11.1**	15.6	11.4	**14.4**
60-99	10.6	8.5	**10.0**	16.2	13.3	**15.2**
100 +	9.2	6.7	**8.2**	14.2	12.2	**13.3**
All Interviews	12.0	9.7	**11.4**	16.0	13.9	**15.4**
% Change from 1-19 to 100+ Interviews	-30.8%	-51.4%	**-38.8%**	-11.3%	-17.6%	**-15.8%**

Table B.14. Percent Reporting Lifetime Use of Any Illicit and Nonmedical Use of Any Psychotherapeutic Drug by Interview Order and Prior Interviewer Experience: 2000 CAI

Interview Order	2000 CAI Any Illicit Drug			2000 CAI Nonmedical Use of Any Psychotherapeutic		
	No Prior NHSDA	Some Prior NHSDA	**All Interviews**	No Prior NHSDA	Some Prior NHSDA	**All Interviews**
1-19	42.9	40.9	**41.4**	18.4	15.7	**16.3**
20-39	40.0	38.7	**38.9**	17.1	14.8	**15.2**
40-59	43.5	35.9	**36.6**	15.3	11.9	**12.2**
60-99	45.7	38.1	**38.7**	13.5	13.7	**13.7**
100 +	34.0	36.8	**36.7**	10.8	13.4	**13.3**
All Interviews	42.2	38.4	**38.9**	16.9	14.1	**14.5**
% Change from 1-19 to 100+ Interviews	-20.7%	-10.0%	**-11.4%**	-41.3%	-14.6%	**-18.4%**

Table B.15. Odds Ratios for Year, Prior Interviewer Experience, and Order Effects for Any Illicit Drug, Marijuana, and Nonmedical Use of Any Psychotherapeutic: 1999 and 2000 CAI

Description	Any Illicit			Marijuana			Any Psychotherapeutics		
	Life-time	Past year	Past Month	Life-time	Past year	Past Month	Life-time	Past year	Past Month
Change from 1999 to 2000									
Before adjustment	0.97	0.95	1.00	0.98	0.96	1.02	**0.93**	0.94	0.96
Model adjustment	1.06	1.03	1.05	1.05	1.04	1.07	1.05	1.00	0.97
Prior interviewer experience									
No NHSDA (reference class)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Some NHSDA	**0.88**	**0.89**	0.94	**0.92**	**0.90**	0.93	**0.85**	0.91	1.02
Interview order									
1-19 (reference class)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20-39	0.94	0.93	0.90	**0.93**	0.94	**0.87**	1.00	0.94	1.04
40-59	**0.85**	**0.85**	**0.84**	**0.88**	**0.85**	**0.79**	**0.82**	0.95	1.07
60-99	**0.92**	**0.88**	**0.87**	0.95	0.92	**0.88**	**0.90**	**0.86**	0.84
100+	**0.84**	**0.84**	**0.86**	**0.86**	**0.86**	**0.85**	**0.83**	**0.83**	0.91

Odds ratios in bold are statistically different from 1.00 at the 0.05 level of significance.

Table B.16. Odds Ratios for Year, Prior Interviewer Experience, and Order Effects for Any Illicit Drug, by Age Category:1999 and 2000 CAI

Description	Lifetime				Past Month			
	12-17	18-25	26-34	35+	12-17	18-25	26-34	35+
Change from 1999 to 2000								
Before adjustment	0.96	0.95	**0.91**	0.99	0.99	0.96	1.16	0.98
Model adjustment	1.02	1.02	0.97	1.10	1.08	1.04	1.14	1.01
Prior interviewer experience								
No NHSDA (reference class)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Some NHSDA	**0.92**	**0.89**	0.93	**0.86**	**0.88**	**0.90**	1.06	0.97
Interview order								
1-19 (reference class)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20-39	0.98	**0.91**	0.92	0.95	0.92	**0.88**	0.90	0.92
40-59	**0.89**	**0.91**	**0.83**	**0.84**	0.93	**0.90**	0.80	0.78
60-99	**0.92**	**0.89**	**0.88**	0.94	**0.89**	0.94	0.83	0.83
100+	**0.89**	**0.84**	**0.77**	**0.86**	0.94	**0.84**	0.85	0.84

Odds ratios in bold are statistically different from 1.00 at the 0.05 level of significance.

Table B.17. Percentages Reporting Past Month Use of Illicit Drugs, Alcohol, and Tobacco by Age Group: 1999, 1999 Adjusted[1] and 2000

Drug	TIME PERIOD AND AGE								
	Total			12-17			18 and Over		
	1999	1999 Adj[1]	2000	1999	1999 Adj[1]	2000	1999	1999Adj[1]	2000
Any Illicit Drug[2]	6.3	6.2	6.3	9.8	9.2	9.7	5.8	5.9	5.9
Marijuana and Hashish	4.7	4.7	4.8	7.2	6.9	7.2	4.4	4.4	4.5
Cocaine	0.7	0.6	0.5	0.5	0.4	0.6	0.7[a]	0.6	0.5
Crack	0.2	0.2	0.1	0.1	0.1	0.1	0.2	0.3	0.1
Heroin	0.1	0.1	0.1	0.2[a]	0.2	0.1	0.1	0.1	0.1
Hallucinogens	0.4	0.5	0.4	1.1	1.1	1.2	0.3	0.4	0.4
LSD	0.2	0.2	0.2	0.6	0.7	0.5	0.2	0.2	0.1
PCP	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0
Inhalants	0.3	0.2	0.3	1.1	0.9	1.0	0.2	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[3]	1.8	2.0	1.7	2.9	2.6	3.0	1.7	1.9	1.6
Pain Relievers	1.2	1.3	1.2	2.1	1.9[a]	2.3	1.1	1.3	1.1
Tranquilizers	0.5	0.7	0.4	0.5	0.5	0.5	0.5	0.7	0.4
Stimulants	0.4	0.6	0.4	0.7	0.6	0.8	0.4	0.6	0.3
Sedatives	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1
Any Illicit Drug Other Than Marijuana	2.7	2.9	2.6	4.5	4.2	4.6	2.5	2.7	2.3
Alcohol	46.4	46.3	46.6	16.5	16.4	16.4	50.0	49.8	50.2
"Binge" Alcohol Use[4]	20.2	19.3[a]	20.6	10.1	9.8	10.4	21.4	20.4[a]	21.8
Heavy Alcohol Use[4]	5.7	5.2	5.6	2.4	2.4	2.6	6.1	5.5	6.0
Cigarettes	25.8	25.5	24.9	14.9[b]	14.5	13.4	27.0	26.7	26.3
Smokeless Tobacco	3.4	3.2	3.4	2.3	2.1	2.1	3.6	3.3	3.5

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] 1999 Adj estimates have been adjusted to reflect the 2000 distribution of NHSDA interviewing experience among field interviewers.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.
[4] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

These findings have resulted in added emphasis being placed in training and in the field to encourage experienced and new FI's to follow the interview protocol.

B.4. Incidence Estimates

For diseases, the incidence rate for a population is defined as the number of new cases of the disease, ***N***, divided by the person time, ***PT***, of exposure or:

$$IR = \frac{N}{PT}.$$

The person time of exposure can be measured for the full period of the study or for a shorter period. The person time of exposure ends at the time of diagnosis (e.g., Greenberg et al., 1996, pp. 16-19). Similar conventions are applied for defining the incidence of first use of a substance.

Beginning in 1999, the NHSDA questionnaire allows for collection of year and month of first use for recent initiates. Month, day, and year of birth are also obtained directly or imputed in the process. In addition, the questionnaire call record provides the date of the interview. By imputing a day of first use within the year and month of first use reported or imputed, the key respondent inputs in terms of exact dates are known. Exposure time can be determined in terms of days and converted to an annual basis.

Having exact dates of birth and first use also allows us to determine person time of exposure during the targeted period, ***t***. Let the target time period for measuring incidence be specified in terms of dates; e.g,. for the period 1998 we would specify:

$$t = [t_1, t_2) = [1\ Jan\ 1998, 1\ Jan\ 1999),$$

a period that includes 1 January 1998 and all days up to but not including 1 January 1999. The target age group can also be defined by a half open interval as $a = [a_1, a_2)$. For example, the age group 12 to 17 would be defined by $a = [12, 18)$ for persons at least age 12, but not yet age 18. If person *I* was in age group ***a*** during period ***t***, the time and age interval, $L_{t,a,i}$, can then be determined by the intersection:

$$L_{t,a,i} = [t_1,t_2) \cap [DOB_i\, MOB_i\, YOB_i + a_1, DOB_i\, MOB_i\, YOB_i + a_2)$$

assuming we can write the time of birth as in terms of day (DOB_i), month (MOB_i), and year (YOB_i). Either this intersection will be empty ($L_{t,a,i} = \varnothing$) or we will designate it by the half open interval $L_{t,a,i} = [m_{1,i}, m_{2,i})$ where:

$$m_{1,i} = Max\{t_1, (DOB_i\, MOB_i\, YOB_i + a_1)\}$$

and

$$m_{2,i} = Min\{t_2, (DOB_i\, MOB_i\, YOB_i + a_2)\}.$$

The date of first use, $t_{fu,d,i}$, is also expressed as an exact date. An incident of first drug ***d*** use by person ***I*** in age group ***a*** occurs in time ***t*** if $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$. The indicator function $I_i(d, a, t)$

The date of first use, $t_{fu,d,i}$, is also expressed as an exact date. An incident of first drug ***d*** use by person ***I*** in age group ***a*** occurs in time ***t*** if $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$. The indicator function $I_i(d, a, t)$ used to count incidents of first use is set to 1 when $t_{fu,d,i} \in [m_{1,i}, m_{2,i})$, and to 0 otherwise. The person time exposure measured in years and denoted by $e_i(d,a,t)$ for a person ***I*** of age group ***a*** depends on the date of first use. If the date of first use precedes the target period ($t_{fu,d,i} < m_{1,i}$), then $e_i(d,a,t) = 0$. If the date of first use occurs after the target period or if person ***I*** has never used drug ***d***, then:

$$e_i(d,a,t) = \frac{m_{2,i} - m_{1,i}}{365}.$$

If the date for first use occurs during the target period $L_{t,a,i}$, then:

$$e_i(d,a,t) = \frac{t_{fu,d,i} - m_{1,i}}{365}.$$

Note that both $I_i(d,a,t)$ and $e_i(d,a,t)$ are set to zero if the target period $L_{t,a,i}$ is empty; i.e., person ***I*** is not in age group ***a*** during time ***t***. The incidence rate is then estimated as a weighted ratio estimate:

$$IR(d,a,t) = \frac{\sum_i w_i I_i(d,a,t)}{\sum_i w_i e_i(d,,a,t)}$$

where the w_i are the analytic weights.

Prior to the 1999 survey, exact date data were not available for computing incidence rates. For these rates, a person was considered to be of age ***a*** during the entire time interval ***t***, if his/her ***a***th birthday occurred during time interval ***t*** (generally, a single year). If the person initiated use during the year, the person time exposure was approximated as one-half year for all such persons rather than computing it exactly for each person.

Because of the new methodology, the incidence estimates discussed in section 5 are not strictly comparable to the estimates before the 1999 NHSDA. Since they are based on retrospective reports by survey respondents as was the case for earlier estimates, they may be subject to some of the same kinds of biases.

Bias due to differential mortality occurs because some persons who were alive and exposed to the risk of first drug use in the historical periods shown in the tables died before the 1999 NHSDA was conducted. This bias is probably very small for estimates shown in this report. Incidence estimates are also affected by memory errors, including recall decay (tendency to forget events occurring long ago) and forward telescoping (tendency to report that an event occurred more recently than it actually did). These memory errors would both tend to result in estimates for earlier years (i.e., 1960s and 1970s) that are downwardly biased (because of recall decay) and estimates for later years that are upwardly biased (because of telescoping). There is also likely to be some underreporting bias due to social acceptability of drug use behaviors and respondents' fear of disclosure. This is likely to have the greatest impact on recent estimates, which reflect more recent use and reporting by younger respondents. Finally, for drug use that is

frequently initiated at age 10 or younger, estimates based on retrospective reports one year later underestimate total incidence because 11 year old children are not sampled by the NHSDA. Prior analyses showed that alcohol and cigarette (any use) incidence estimates could be significantly affected by this. Therefore, for these drugs no 1998 estimates were made.

A recent study (Johnson, Gerstein, and Rasinski, 1998) concluded that the marijuana incidence trend from the NHSDA was biased because the reporting of initiation declines as the length of time between initiation and the survey increases. However, this study did not address very recent estimates, i.e., 1996-98, which could be biased because they reflect recent drug use and because they are heavily based on the reports of adolescents. In order to better understand the size of the biases and to assess the reliability of estimates for recent years, OAS performed an analysis of estimates based on single years of NHSDA data. This analysis focused on three drugs: cocaine, heroin, and marijuana. Using the survey data from 1994 to 1998, estimates were made of the number of initiates, the rate of initiation for youth aged 12 to 17, and the rate of initiation for persons aged 18 to 25. For the 1994 survey, an estimate was made for the year 1993. For the 1995 survey, another estimate was made for the year 1993. In this way, two recent estimates of the same year could be compared. Similarly, the 1995 and 1996 data provided two estimates for 1994, the 1996 and 1997 surveys provided two estimates for 1995, the 1997 and 1998 surveys provided two estimates for 1996. Since these calculations represent two measurements of the same population characteristic, they would ideally be the same. Examples of these estimates are shown in the following table:

Table B.18. Comparison of Initiation Rates by Year of Initiation and Survey Year

	Year of Initiation								Avg. of Ratio of 1-Year Recall to 2-Year Recall
	1993		1994		1995		1996		
	Year of Survey								
	1994	1995	1995	1996	1996	1997	1997	1998	
Rate for Age 12-17									
Marijuana	59.2	53.7	74.2	75.2	75.7	73.6	83.2	75.6	1.055
Cocaine	8.9	5.0	10.2	5.7	10.6	8.0	11.3	11.0	1.480
Heroin	0.7	0.5	2.1	1.4	2.5	1.8	3.9	1.5	1.722
Rate for Age 18-25									
Marijuana	46.9	41.4	42.1	55.9	47.7	53.4	53.6	50.5	0.960
Cocaine	12.8	12.8	9.9	11.8	13.8	14.7	14.8	13.9	0.961
Heroin	0.1	1.4	1.4	2.1	2.4	1.9	2.3	3.0	0.692
Number of Initiates									
Marijuana	2,035	1,783	2,251	2,548	2,368	2,443	2,540	2,384	1.015
Cocaine	595	538	533	530	652	654	675	664	1.031
Heroin	41	62	122	97	141	93	171	127	1.195

Drug initiation rates for youth aged 12 to 17 for the more hard core drugs (like cocaine and heroin) appear to be most prone to bias. For example, on average across the four survey years, the estimate for the rate of initiation of cocaine use among youth aged 12 to 17 was 48% higher the first time the estimate could be made than the second time. This indicates a probable bias in the estimation; however, it is unclear which estimate is the correct one. As a result, one should be cautious in interpreting any changes between the prior year and the most recent year in the initiation rates for youth of the more stigmatized drugs. Since only five years of data were used to estimate how the rate of incidence changes between the first year it can be estimated and the second, one should be cautious about inferring the magnitude of the bias (for example, that it is 48% for cocaine).

In the above table, the *average* ratio of one year recall to two year recall is calculated across four "years." Implicit in the above table is the fact that the estimates for each ratio vary around the average. For example, therefore, taking the 18 to 25 marijuana incidence numbers, the four individual ratios can be calculated as 1.13, .75, .89, and 1.06. While the average ratio is .96, the year-to-year variation is much larger, ranging from .75 to 1.13. So, it is clear that for any single year, the bias implied by the sample estimates could be negative or positive. Since we are not clear whether the 1-year recall or the 2-year recall estimate is closer to unbiased true value, then the estimate that we use for the most recent year could be as much as 25 percent too high or too low in this example. The samples for 1999 and 2000 based on the new computer-assisted interviewing method are significantly larger than those in prior years; therefore, estimates of bias should suffer from less sampling variability and the estimates should be less variable than before. Nevertheless, since there are only two years under the new computer assisted interview method, and, therefore, only one calculation possible of the ratio of the one-to-two year recall, more analysis is needed to see how stable the new estimates from CAI will be.

APPENDIX C: OTHER SOURCES OF DATA

A variety of other surveys and data systems collect data on substance use. It is useful to consider the results of these other studies when discussing the NHSDA data. In doing this, it is important to understand the methodological differences between the different surveys and the impact that these differences could have on estimates of substance use prevalence. This appendix briefly describes several of these other data systems, including recent results from them.

In-depth comparisons of the methodologies of the three major federally sponsored national surveys of youth substance use have been done. In 1997, a comparison between the NHSDA and Monitoring the Future (MTF) was published (Gfroerer, et al., 1997). In 2000, a series of papers comparing different aspects of the NHSDA, MTF, and the Youth Risk Behavior Survey (YRBS) was commissioned by DHHS. Under contract with the Office of the Assistant Secretary for Planning and Evaluation, Westat identified and funded several experts in survey methods to prepare these papers. The papers will be published in a forthcoming volume of the *Journal of Drug Issues*. The major findings of this study were:

- The design, implementation, and documentation of all three surveys are of high quality. The surveys exhibit no flaws in the execution of basic survey procedures.

- The goals and approaches of these three surveys are very different, making comparisons between them difficult. The surveys differ significantly in terms of populations covered, sampling methods, mode of data collection, questionnaires, and estimation methods.

- Estimates of substance use are generally highest from the YRBS and lowest from the NHSDA. The NHSDA probably produces lower rates because it is done in the home, whereas the other two surveys collect data in school classrooms, away from parents and other family members.

- NHSDA prevalence rates may also be lower because of the NHSDA's requirement of thorough parental consent prior to youth participation. The greater parental involvement in consent procedures in the NHSDA, compared to the two school surveys, may suppress youth reporting of substance use.

C.1. Other National Surveys of Illicit Drug Use

Monitoring the Future (MTF)

Monitoring the Future (MTF) is a national survey that tracks drug use trends and related attitudes among America's adolescents. This survey is conducted annually by the Institute for Social Research at the University of Michigan through a grant awarded by the National Institute on Drug Abuse (NIDA). The MTF and NHSDA are the Federal Government's largest and primary tools for tracking youth substance use. The MTF is composed of three substudies: (a) an annual survey of high school seniors initiated in 1975; (b) ongoing panel studies of representative samples from each graduating class that have been conducted by mail since 1976;

and (c) annual surveys of eighth and tenth graders initiated in 1991. In 2000, for all three grades combined, there were 435 public and private schools and about 45,000 students in the sample. The students completed a self-administered questionnaire during a regular class period (Johnston, et al., 2001).

Comparisons between the MTF estimates and estimates based on students sampled in the NHSDA have generally shown NHSDA substance use prevalence levels to be lower than MTF estimates, with relative differences being largest for eighth graders. The lower prevalences in the NHSDA may be due to more underreporting in the household setting as compared to the MTF school setting. MTF does not survey dropouts, a group generally shown (using the NHSDA) to have higher rates of use (Gfroerer, et al., 1997). However, the direction of trends has generally been similar between the two surveys. Both surveys showed significant increases in illicit drug use among adolescents between 1992 and 1996. Comparisons of NHSDA and MTF results for 1999 and 2000, based on NHSDA data collected during January through June to control for seasonality, generally show similar trends in the prevalence of use of illicit drugs (see Tables C.1 to C.4).

Youth Risk Behavior Survey (YRBS)

The YRBS is a component of CDC's Youth Risk Behavior Surveillance System (YRBSS), which biennially measures the prevalence of six priority health-risk behavior categories including: behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and STDs; unhealthy dietary behaviors; and physical inactivity. The YRBSS includes national, state, territorial, and local school-based surveys of high school students. The 1999 national school-based survey used a three-stage cluster sample design to produce a nationally representative sample of students in grades 9 through 12. The 1999 state and local surveys used a two-stage cluster sample design to produce representative samples of students in grades 9 through 12 in their jurisdictions. The 1999 national YRBS sample included 15,349 students in grades 9 through 12 in the 50 states and the District of Columbia. The students completed a self-administered questionnaire during a regular class period (CDC, 2000). In general, this school-based survey has found higher rates of alcohol, cigarette, marijuana, and cocaine use for youths than those found in the NHSDA. Data from the most recent YRBS indicated a general leveling of drug and alcohol use between 1997 and 1999. The 1999 data showed steady prevalence levels for both past month marijuana and alcohol use among ninth through twelfth graders. The NHSDA data showed a similar trend for alcohol, but a significant decrease in marijuana use among 12 to 17 year olds during this time period. Although the two surveys generally have shown similar trends, the prevalence estimates are much higher in the YRBS (26.7 percent vs. 7.0 percent in the NHSDA PAPI for past month marijuana use in 1999). This is likely due to the difference in the age groups that are sampled and the dissimilarity of the study designs (school-based vs. home-based).

National Longitudinal Study of Adolescent Health (Add Health)

The National Longitudinal Study of Adolescent Health (Add Health) is conducted to measure the effects of family, peer group, school, neighborhood, religious institution, and community influences on health risks such as tobacco, drug, and alcohol use. The survey also

asks about substance abuse (alcohol, tobacco, and illicit drugs). The survey consists of three phases. In Wave 1 (conducted in 1994-95), roughly 90,000 students from grades 7 through 12 at 144 schools around the U.S. answered brief questionnaires. Interviews were also conducted with about 20,000 students and their parents in the students' homes. In Wave 2, students were interviewed a second time in their homes. These interviews took place in 1996. Wave 3 will consist of re-interviews of respondents from Wave 1 and will begin in July of 2001. Survey results from the first two waves indicated that nearly one-third of teenagers had smoked marijuana. Nearly 7 percent of seventh and eighth graders used marijuana at least once in the past month as did 15.7 percent of ninth through twelfth graders (Resnick, et al., 1997).

Partnership Attitude Tracking Study (PATS)

In November of 2000, the Partnership for a Drug Free America (PDFA) released results from the 2000 Partnership Attitude Tracking Study (PATS), an on-going national research study that tracks drug use and drug related attitudes among children, teens, and their parents. In the 2000 PATS, 7,290 teens in grades seven through twelve completed self-administered questionnaires. The study showed that there has been a statistically significant decline in overall drug use for adolescents in these grades. The most significant declines were in marijuana use among teenagers. Lifetime use declined from 44 percent in 1997 to 40 percent in 2000. There was also a significant decline in past month use, from 24 percent in 1997 to 21 percent in 2000 (PDFA, 2001). In comparison, the 2000 NHSDA reported that 7.2 percent of youths aged 12 to 17 used marijuana in the past month. This is a slight, but not statistically significant, decline from 1999. From 1997 to 1999, however, the NHSDA PAPI showed a significant decline in past month marijuana use among 12 to 17 year olds (from 9.4 percent to 7.0 percent). The major difference in these prevalence estimates is likely to be due to the different study designs. The youth portion of the PATS is a school-based survey. This may elicit more reporting of sensitive behaviors than the home-based NHSDA.

The PATS also found a positive trend in teen attitudes about marijuana. In 2000, 43 percent of teens believed that marijuana will make them lonely (up from 38 percent in 1998). In addition, more teens believed that marijuana will make them act stupid or foolishly in 2000 (54 percent, up from 51 percent in 1998). The results of the study also indicated that fewer teens see marijuana all around them (47 percent, down from 59 percent in 1997), and fewer believed that most people will use the drug (36 percent, down from 41 percent in 1997). Although not nearly as prevalent as marijuana use, the 2000 PATS survey found a significant increase in the lifetime use of ecstasy. Lifetime use has increased from 7 to 10 percent in the past year and has doubled since 1995.

National Survey of Parents and Youth (NSPY)

The National Survey of Parents and Youth (NSPY) was sponsored by the National Institute on Drug Abuse to evaluate the Office of National Drug Control Policy's (ONDCP) National Youth Anti-Drug Media Campaign. The survey was specifically designed to evaluate Phase III of the campaign, which began in September 1999 and will run at least until 2003. The NSPY is divided into two phases. In the first phase, a sample of youths aged 9 to 18 and their parents were recruited to participate in the in-home survey. In the second phase, the respondents from phase one participate in two additional interviews at intervals of 6 to 24 months. The

recruitment phase is broken into three waves which each consist of national cross-sectional surveys. In April 2001, ONDCP released the data from the first two waves which were collected between November 1999 and December 2000 (ONDCP, 2001).

The first two waves of data showed a consistent pattern of association between exposure to the media campaign and positive outcomes for parents, but the data were inconclusive for youths. More conclusive data is expected at the conclusion of Wave 4. The NSPY also produces estimates of marijuana use among youths. Waves 1 and 2 of the NSPY estimate that 19.2 percent of youths aged 12 through 17 have used marijuana in their lifetime. The estimates for past year and past month use are 14 percent and 6 percent, respectively. The corresponding 2000 NHSDA estimates for lifetime, past year, and past month use among youths aged 12 to 17 are 18.3, 13.4, and 7.2, respectively. Although the NSPY questions are shorter and less direct than the NHSDA, the two surveys produced very similar estimates in 2000.

C.2. Alcohol and Cigarette Use Surveys

National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey which collects data using personal household interviews. The survey is sponsored by the National Center for Health Statistics (NCHS) and provides national estimates of selected health measures. The survey estimated that 23.0 percent of the population aged 18 and over were current cigarette smokers in 2000 (down slightly from 23.5 percent in 1999). Among males, 25.6 percent reported current cigarette smoking compared to 20.6 percent of females aged 18 and older (NCHS, 2001).

The 2000 NHSDA estimates that 26.8 percent of adults aged 18 and older are current smokers. Among males, 28.7 percent reported current cigarette smoking compared to 24.1 percent of females. These represent slight, but not statistically significant, declines from 1999. The modest difference in these prevalence estimates may be due to the way "current smoking" is defined in the two surveys. In the NHIS, current smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and answer that they currently smoke, including those who smoke only on some days. In the NHSDA, current cigarette smoking is defined as any use in the past month.

Monitoring the Future (MTF)

This school-based survey showed increases in smoking rates among students from 1991 to 1997. Cigarette smoking peaked in 1996 among eighth and tenth graders nationwide and in 1997 among twelfth graders. Since those peak years, cigarette use has gradually declined. Past-month smoking rates found in the Monitoring the Future Study (MTF) for eighth graders were 19.4 percent in 1997, 19.1 percent in 1998, 17.5 percent in 1999, and 14.6 percent in 2000. Among tenth graders, current smoking rates were 29.8 percent in 1997, 27.6 percent in 1998, 25.7 percent in 1999, and 23.9 percent in 2000. For twelfth graders, smoking rates rose steadily from 28.3 percent in 1991, to 36.5 percent in 1997, but then showed a statistically significant decline to 31.4 percent in 2000 (Johnston, et al., 2001). The NHSDA also showed a statistically

significant decline among eighth and twelfth graders from 1999 to 2000. See Table C.5 for a comparison of the MTF and NHSDA cigarette use estimates.

The MTF data has indicated alcohol use among teens to be fairly stable over the past several years. Alcohol consumption in the month prior to survey was reported by 22.4 percent of eighth graders, 41 percent of tenth graders, and 50 percent of seventh graders in the 2000 survey. Table C.6 shows how these numbers compare with NHSDA estimates. Although the NHSDA estimates are lower, they show the same stability in teen alcohol use as the MTF. Binge drinking, defined in the MTF as consuming five or more drinks in a row sometime in the prior two weeks, has also remained steady over the last 3 years. In the 2000 MTF, binge drinking rates stand at 14.1 percent, 26.2 percent, and 30.0 percent among eighth, tenth, and twelfth graders, respectively.

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey found increases in long-term trends for past month cigarette use among students in grades 9-12. Past month smoking rose from 27.5 percent in 1991 to 34.8 percent in 1999. Overall prevalences of lifetime, past month, and frequent cigarette use (defined as smoking 20 or more days of the 30 days preceding the survey) in the 1999 survey were 70.4 percent, 34.8 percent and 16.8 percent, respectively (CDC, 2000). While the NHSDA has not shown these increases in smoking for youth aged 12 to 17, the NHSDA estimates for years prior to 1994 were apparently substantial underestimates because the data were collected without private self-administered answer sheets. When the NHSDA converted to the use of these answer sheets in 1994, the smoking rate for adolescents approximately doubled. This raises questions about the accuracy of the NHSDA measurement of the trend prior to 1994, even after adjustments are made to account for the effect of the new questionnaire. Between 1994 and 1999, however, the NHSDA showed significant declines in past month cigarette use among 12 to 17 year olds. Although the rate fluctuated slightly in the years between, it decreased from 18.9 percent in 1994 to 15.9 percent in 1999 (PAPI).

Alcohol use among ninth through twelfth graders in the YRBS has remained fairly stable over the last few surveys. Past month alcohol use was 50 percent in the 1999 survey which is not a change from the estimate of 50.8 reported for this behavior in the 1991 YRBS. The NHSDA also showed steady rates of past month alcohol use for youths aged 12 to 17 during this time. The rate was 21.6 percent in 1994 and 19.0 percent in 1999. This does not represent a statistically significant change. Episodic heavy drinking (defined as 5 or more drinks on one or more occasions in the 30 days prior to the survey) has also held steady with prevalence rates of 31.3 percent in 1991 and 31.5 in the 1999 YRBS. Although the corresponding 1999 NHSDA PAPI rate for 12 to 17 year olds is much lower (7.8 percent), the NHSDA has also showed a level trend from 1994 to 1999.

Partnership Attitude Tracking Study (PATS)

Data from the 2000 Partnership Attitude Tracking Study (PATS) shows a continuing decline in cigarette use among teens. For teens in grades 7 through 12, the prevalence of past month cigarette use was 42 percent in 1998, 37 percent in 1999, and 34 percent in 2000 (PDFA, 2001). The NHSDA also showed a significant decline in past month smoking among youths

aged 12 to 17. The rates dropped from 14.9 in 1999 to 13.4 in 2000. Again, the lower prevalence estimates in the NHSDA are likely due to the home-based study design.

Alcohol use has remained unchanged over the last few years. The 2000 PATS found that 58 percent of teens reported using alcohol in the past year. The rates were 58 percent in 1998 and 59 percent in 1999. However, the study did find significant declines in past month alcohol use and binge drinking. Some 39 percent of teens said they had used alcohol in the past month (down from 42 percent in 1998). The binge drinking estimate decreased slightly from 32 percent in 1999 to 31 percent in 2000. In comparison, the 2000 NHSDA rates for past month alcohol use and binge drinking for 12 to 17 year olds were 16.4 percent and 10.4 percent, respectively. These were not significantly different from the 1999 rates.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System is a state-based telephone survey of the civilian, noninstitutionalized adult population sponsored by the Centers for Disease Control and Prevention (CDC). Adults include all persons aged 18 and older. In 2000, the BRFSS collected data from all 50 states, the District of Columbia and Puerto Rico. The BRFSS collects information on access to health care, health status indicators, health risk behaviors including cigarette and alcohol use, and the use of clinical preventive services by state. The median percentage of adults reporting current cigarette use in 2000 was 23.2 percent, a slight increase from 1999 (22.7 percent) (CDC, 2001). The corresponding NHSDA rate (26.3 percent) was not statistically different from the 1999 rate (27.0 percent). In 1999, the median percentage of adults who reported current alcohol use in the BRFSS remained stable at 54.2 percent. The 2000 NHSDA estimate of 50.2 percent was also not a significant change from 1999.

National Longitudinal Study of Adolescent Health (Add Health)

Results from the 1994-95 National Longitudinal Study of Adolescent Health (Add Health, described above) indicate that nearly 3.2 percent of seventh and eighth graders smoked 6 or more cigarettes a day as did 12.8 percent of ninth through twelfth graders. In addition, the Add Health study found that 7.3 percent of seventh and eighth graders used alcohol 2 or more days in the past month as did 23.1 percent of ninth through twelfth graders (Resnick, et al., 1997).

Harvard School of Public Health College Alcohol Study (CAS)

In 1993 the Harvard School of Public Health conducted a mail survey of students from a nationally representative sample of colleges. The purpose of the study was to gather data on the drinking patterns of college students. The study was repeated in 1997 and 1999. The survey found that the overall rate of binge drinking did not change from 1993 to 1999 (44.5 percent and 44.1 percent, respectively). The CAS defined binge drinking as the consumption of five or more drinks in a row for men and four drinks in a row for women. The study found a sizeable increase in both the number of students who binge drank frequently (22.7 percent in 1999 vs. 19.8 percent in 1993) and those who did not drink at all (19.2 percent in 1999 vs. 15.4 percent in 1993) (Wechsler, et al., 2000). The 1999 NHSDA binge drinking rate among full-time undergraduates aged 18 to 22 was 43.1 percent. It is useful to note that the NHSDA defines binge drinking as

five or more drinks in a row on a least one occasion in the past month for both men and women. Despite the different definition of binge drinking, the CAS estimate and the NHSDA estimate are very similar.

C.3. Surveys of Populations Not Covered by the NHSDA

National Survey of Parents and Youth (NSPY)

The National Survey of Parents and Youth (NSPY, described above) is distinct in that it measures drug use and attitudes among youths as young as 9. Waves 1 and 2 of the NSPY show that youths aged 9 to 11 are strongly opposed to marijuana use. The survey estimates that only 0.7 percent of youths aged 9 through 11 have used marijuana in their lifetime. The estimates for past year and past month use are 0.4 percent and 0.2 percent, respectively (ONDCP, 2001).

Washington, D.C. Metropolitan Area Drug Study (DC*MADS)

The Washington, D.C. Metropolitan Area Drug Study (DC*MADS) was designed (a) to estimate the prevalence, correlates, and consequences of drug abuse among all types of people residing in one metropolitan area of the country during one period of time with special focus on populations who were underrepresented or unrepresented in household surveys and (b) to develop a methodological model for similar types of research in other metropolitan areas of the country. Sponsored by the National Institute on Drug Abuse and conducted from 1989 to 1995 by Research Triangle Institute and Westat, Inc. as the principals, the project included 11 separate, but coordinated studies that focused on different population subgroups (e.g., homeless people, institutionalized individuals, adult and juvenile offenders, new mothers, drug abuse treatment clients) or different aspects of the drug abuse problem (e.g., adverse consequences of drug abuse). DC*MADS provided a replicable methodological approach for developing representative estimates of the prevalence of drug abuse among all population subgroups, regardless of their residential setting, in a metropolitan area. The key population domains in DC*MADS were the homeless, the institutionalized, and the household. A major finding of DC*MADS was that, when data are aggregated for populations from each of the three domains, the overall prevalence estimates for use of drugs differ only marginally from those that would be obtained from the household population alone (i.e., from the NHSDA), largely because the other populations are very small compared to the household population. However, a somewhat different picture emerged when the numbers of drug users were examined. Adding in the nonhousehold populations resulted in an increase of approximately 14,000 illicit drugs users compared with the corresponding estimates for the household population. About 25 percent of past year crack users, 20 percent of past year heroin users, and one-third of past year needle users were found in the nonhousehold population (Bray and Marsden, 1999).

Department of Defense Survey of Health Related Behaviors Among Military Personnel

The 1998 DoD Survey of Health Related Behaviors Among Military Personnel (seventh in a series of studies conducted since 1980) was sponsored by the Department of Defense (DoD) and conducted by Research Triangle Institute. The sample consisted of 17,264 active duty

Armed Forces personnel worldwide who completed self-administered questionnaires anonymously that assessed substance use and other health behaviors. For the total DoD, during the 30 days prior to the date that a survey was completed, heavy alcohol use declined from 20.8 percent in 1980 to 15.4 percent in 1998; cigarette smoking decreased from 51.0 percent in 1980 to 29.9 percent in 1998; and use of any illicit drugs declined from 27.6 percent in 1980 to 2.7 percent in 1998. For the latest survey, military personnel exhibited significantly higher rates of heavy alcohol use than their civilian counterparts (14.2 percent vs 9.9 percent) when demographic differences between the military and civilian populations were taken into account (civilian data were drawn from the 1997 National Household Survey on Drug Abuse and adjusted to reflect demographic characteristics of the military). Differences in military and civilian heavy alcohol use rates were largest for men aged 18 to 25. Among this age group, the military rate was nearly twice as high as the adjusted civilian rate (26.9 percent vs 14.9 percent). In contrast, military personnel showed lower rates of cigarette use (29.1 percent vs 32.8 percent) compared to civilians, a finding that seems largely due to an increase in smoking among civilians rather than a significant decrease among military personnel since the prior survey in 1995. Similarly, rates of illicit drug use in the military were significantly lower than those observed for the comparable civilian population when demographic differences between the military and civilian populations were taken into account (2.6 percent vs. 10.7 percent). Differences in illicit drug use between the military and civilian populations were more pronounced for males than females. For males aged 18 to 55, 2.8 percent of those in the military used drugs in the 30 days prior to survey compared to 11.4 percent of the civilian population (adjusted). For females aged 18 to 55, 1.9 percent of those in the military used drugs in the 30 days prior to survey compared to 6.2 percent of the civilian population (adjusted). Nearly all military personnel reported having been tested for drugs since joining the military (Bray et al., 1999).

Survey of Inmates in State and Federal Correctional Facilities

The 1997 Survey of Inmates in State and Federal Correctional Facilities sampled inmates from a universe of 1,409 State prisons and 127 Federal Prisons for the Bureau of Justice Statistics (BJS). Systematic random sampling was used to select the inmates for the computer-assisted personal interviews. The final numbers interviewed were 14,285 State prisoners and 4,041 Federal prisoners. Among other items, these surveys collect information on the use of drugs in the month before the offense for convicted inmates. Women in State prisons (62 percent) were more likely than men (56 percent) to have used drugs in the month before the offense. Women were also more likely to have committed their offense while under the influence of drugs (40 percent compared to 32 percent of male prisoners). Among Federal prisoners, men (45 percent) were more likely than women (37 percent) to have used drugs in the past month. Male and female Federal prisoners were equally likely to report the influence of drugs during their offense (23 percent of male and 19 percent of female prisoners). The survey results indicate substantially higher rates of drug use among State and Federal prisoners as compared to the household population (BJS, 1999).

Table C.1 Percentages Reporting Lifetime, Past Year, and Past Month Use of Marijuana Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	10.9	9.2	22.0	20.3
10th grade	27.7	26.9	40.9	40.3
12th grade	41.4	37.1	49.7	48.8
Past Year Use				
8th grade	8.1	6.8	16.5	15.6
10th grade	21.6	20.0	32.1	32.2
12th grade	29.7	26.8	37.8	36.5
Past Month Use				
8th grade	4.5	3.3	9.7	9.1
10th grade	10.7	10.1	19.4	19.7
12th grade	16.4	15.4	23.1	21.6

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

Table C.2 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cocaine Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	0.8	0.9	4.7	4.5
10th grade	3.2	3.2	7.7	6.9
12th grade	7.5	5.4	9.8	8.6
Past Year Use				
8th grade	0.3	0.7	2.7	2.6
10th grade	1.9	2.8	4.9	4.4
12th grade	4.6[a]	2.5	6.2[a]	5.0
Past Month Use				
8th grade	0.2	0.1	1.3	1.2
10th grade	0.7	0.9	1.8	1.8
12th grade	1.2[a]	0.3	2.6	2.1

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

Table C.3 Percentages Reporting Lifetime, Past Year, and Past Month Use of Inhalants Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	10.8	9.7	19.7[a]	17.9
10th grade	10.6	10.2	17.0	16.6
12th grade	12.2	9.5	15.4	14.2
Past Year Use				
8th grade	4.5	3.8	10.3	9.4
10th grade	4.5	3.5	7.2	7.3
12th grade	4.8	3.7	5.6	5.9
Past Month Use				
8th grade	1.4	0.8	5.0	4.5
10th grade	0.8	0.7	2.6	2.6
12th grade	1.2	0.8	2.0	2.2

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

Table C.4 Percentages Reporting Lifetime, Past Year, and Past Month Use of Hallucinogens Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	2.7	2.3	4.8	4.6
10th grade	7.8	7.3	9.7	8.9
12th grade	13.6	12.2	13.7	13.0
Past Year Use				
8th grade	1.7	1.6	2.9	2.8
10th grade	5.4	4.9	6.9	6.1
12th grade	8.7	6.8	9.4[a]	8.1
Past Month Use				
8th grade	0.4	0.2	1.3	1.2
10th grade	1.4	1.6	2.9[a]	2.3
12th grade	2.4	1.9	3.5[b]	2.6

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

Table C.5 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	31.0[c]	25.0	44.1[c]	40.5
10th grade	49.9	46.7	57.6[a]	55.1
12th grade	61.8[c]	53.7	64.6	62.5
Past Year Use				
8th grade	19.0[c]	13.9	--	--
10th grade	31.2	28.4	--	--
12th grade	46.3[c]	34.8	--	--
Past Month Use				
8th grade	9.4[a]	6.9	17.5[c]	14.6
10th grade	20.0	18.4	25.7	23.9
12th grade	34.0[c]	26.8	34.6[b]	31.4

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

Table C.6 Percentages Reporting Lifetime, Past Year, and Past Month Use of Alcohol Among 8th, 10th, and 12th Graders in NHSDA and MTF: 1999 and 2000

Time Period, by Current Grade Level	Survey			
	NHSDA (Jan-June)		MTF[1]	
	1999	2000	1999	2000
Lifetime Use				
8th grade	34.6	31.8	52.1	51.7
10th grade	58.8	56.9	70.6	71.4
12th grade	72.3	71.4	80.0	80.3
Past Year Use				
8th grade	25.9	23.5	43.5	43.1
10th grade	49.2	46.3	63.7	65.3
12th grade	62.8	62.5	73.8	73.2
Past Month Use				
8th grade	9.1	9.1	24.0	22.4
10th grade	23.4	23.1	40.0	41.0
12th grade	38.6	37.1	51.0	50.0

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[c]Difference between estimate and 2000 estimate is statistically significant at the .001 level.

[1]MTF = Monitoring the Future Study.

Sources: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.
The Monitoring the Future Study, The University of Michigan, 1999 and 2000.

APPENDIX D: REFERENCES

Adams, P.F., Schoenborn, C.A., Moss, A.J., Warren, C.W., and Kann, L. (1995). Health Risk Behaviors Among Our Nation's Youth: United States, 1992. National Center for Health Statistics. Vital and Health Statistics, 10(192).

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, D.C.

Anderson, J., Wilson, R., Barker, P., Doll, L., Jones, T., and Holtgrave, D. (1999). Prevalence of sexual and drug-related HIV risk behaviors in the U.S. adult population: results of the 1996 National Household Survey on Drug Abuse. Journal of Acquired Immune Deficiency Syndromes, 21: 148-156.

Anderson, J., Wilson, R., Doll, L., Jones, T., and Barker, P. (1999). Condom use and HIV risk behaviors among U.S. adults: data from a national survey. Family Planning Perspectives, 31(1): 24-28.

Anthony, J.C., Warner, L.A., and Kessler, R.C. (December 21, 1993). Comparative Epidemiology of Dependence on Tobacco, Alcohol, Controlled Substances, and Inhalants: Basic Findings from the National Comorbidity Survey. Experimental and Clinical Psychopharmacology, Vol. 1993.1.

Aquilino, W.S. (1994). Interview mode effects in surveys of drug and alcohol use: a field experiment. Public Opinion Quarterly, 58, 210-240.

Botvin, G.J., Botvin, E.M., and Ruchlin, H. (1998). School-Based Approaches to Drug Abuse Prevention: Evidence for Effectiveness and Suggestions for Determining Cost-Effectiveness. In: Bukoski, W., and Evans, R., eds. Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy. National Institute on Drug Abuse Research Monograph 176. NIH Pub. No. 98-4021.

Bray, R. and Marsden, M. (1999). Drug Use in Metropolitan America. Sage Publications Inc.

Bray, R.M., Sanchez, R.P., Ornstein, M.L., Lentine, D., Vincus, A.A., Baird, T.U., Walker, J.A., Wheeless, S.C., Guess, L.L., Kroutil, L.A., and Iannacchione, V. (1999). 1998 Department of Defense Survey of Health Related Behaviors Among Military Personnel. Report No. RTI/7034-006-FR. prepared for the Assistant Secretary of Defense [Health Affairs],U.S. Department of Defense, under Cooperative Agreement No. DAMD17-96-2-6021). Research Triangle Park, NC; Research Triangle Institute.

Brittingham, A., Tourangeau, R., and Kay, W. (1998). Reports of smoking in a national survey: data from screening and detailed interviews, and from self- and interviewer-administered questions. Reports About Smoking, Annals of Epidemiology, Vol. 8, No. 6, August 1998: 393-401.

Bureau of Justice Statistics. (1999). Substance Abuse and Treatment, State and Federal Prisoners, 1997. NCJ-172871.

Butler, M.A. and Beale, C.L. (1994) Rural - Urban Continuum Codes for Metro and Non-metro Counties, 1993. Economic Research Service, U.S. Dept. of Agriculture. Staff Report No. 9425, Sept. 1994.

Centers for Disease Control and Prevention (1992). Cigarette Smoking Among American Indians and Alaskan Natives --- Behavioral Risk Factor Surveillance System, 1987-1991. Morbidity and Mortality Weekly Report, Vol 41, No. 45, Nov. 13, 1992.

Centers for Disease Control and Prevention (1996). Tobacco Use and Sources of Cigarettes among High School Students -- United States, 1995. Morbidity and Mortality Weekly Report, Vol 45, No. 20, May 24, 1996.

Centers for Disease Control and Prevention (1997). Cigarette Smoking Among Adults - United States, 1995. Morbidity and Mortality Weekly Report, Vol 46, No. 51, Dec. 26, 1997.

Centers for Disease Control and Prevention (1998). Tobacco Use Among High School Students-United States, 1997. Morbidity and Mortality Weekly Report, Vol 47, No. 12, April 3, 1998.

Centers for Disease Control and Prevention (2000). CDC Surveillance Summaries, June 9, 2000. MMWR 2000; 49(No.SS-5).

Centers for Disease Control and Prevention (2001). http://www2.cdc.gov/nccdphp/brfss.

Deville, J. C. and Sarndal, C.E. (1992). Calibration Estimating in Survey Sampling. Journal of the American Statistical Association, 87: 376-382.

Duffer, A., Lessler, J., Weeks, M. and Mosher, W.(1996). Impact of incentives and interviewing modes: Results from the National Household Survey of Family Growth Cycle V Pretest. Proceedings of the Health Survey Research Methods Conference, 147-152.

Folsom, R. E. and Singh, A.C. (2000). The General Exponential Model for Sampling Weight Calibration for Extreme Values, Nonresponse, and Poststratification. Presented at the Joint Statistical Meetings, Indianapolis, IN., Aug. 13-17.

Folsom, R. E., Shah, B. and Vaish, A. (1999). Substance Abuse in States: A Methodological Report on Model Based Estimates from the 1994-1996 National Household Surveys on Drug Abuse. Proceedings of the Section on Survey Research Methods of the American Statistical Association, 371-375

General Accounting Office (1993). Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvement. GAO/PEMD-93-18.

General Accounting Office (1998). Drug Abuse Treatment: Data limitations affect the accuracy of national and state estimates of need. GAO/HEHS-98-229.

Gfroerer, J., Wright, D., and Kopstein, A. (1997) Prevalence of youth substance use: The impact of methodological differences between two national surveys. Drug and Alcohol Dependence, 47 (1997) 19-30.

Gfroerer, J., and Epstein, J. (1999) Marijuana initiates and their impact on future drug abuse treatment need. Drug and Alcohol Dependence, 54 (1999) 229-237.

Gfroerer, J. and Brodsky, M. (1992). The incidence of illicit drug use in the United States, 1962-1989. British Journal of Addiction, 87: 1345-1351.

Gfroerer, J. (1993). An Overview of the National Household Survey on Drug Abuse and Related Methodological Research. Proceedings of the Survey Research Section of the American Statistical Association, Joint Statistical Meetings, Boston, Massachusetts, August 1992. American Statistical Association, 1993.

Gfroerer, J. and Brodsky, M. (1993). Frequent cocaine users and their use of treatment. American Journal of Public Health, 83: 1149-1154.

Gfroerer; J., Eyerman, J. and Chromy, J. (2001). Methodological Issues in the 1999 Redesign of the National Household Survey on Drug Abuse. Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Methodology Series: M-4, DHHS Pub. No. (SMA)01-3545, Rockville, MD, 2001. (Forthcoming)

Grant, B.S., Harford, T.C., Dawson, D.A., Chou, P., Dufour, M., and Pickering, R. (1995) Prevalence of DSM-IV Alcohol Abuse and Dependence, United States, 1992. Alcohol Health and Research World, 18(3): 243-248.

Greenberg, R. S., Daniels, S.R., Flanders, W.D., Eley, J.W., and Boring, J.R. (1996). Medical Epidemiology. Norwalk, Connecticut, Appleton & Lange.

Greenblatt, J.C., Gfroerer, J.C., and Melnick, D. (1995) Increasing Morbidity and Mortality Associated with Abuse of Methamphetamine-United States, 1991-1994. Morbidity and Mortality Weekly Report, Vol 44, No. 47, December 1, 1995.

Harrell, A.V. (1997) The Validity of Self-Reported Drug Use Data: The Accuracy of Responses on Confidential Self-Administered Answer Sheets, in: Harrison, L. and Hughes, A., eds. (1997) The Validity of Self-Reported Drug Use: Improving the Accuracy of Survey Estimates. NIDA Research Monograph 167, NIH Pub. No. 96-4147, Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1997.

Harrison, L. and Hughes, A., eds. (1997) The Validity of Self-Reported Drug Use: Improving the Accuracy of Survey Estimates. NIDA Research Monograph 167, NIH Pub. No. 96-4147, Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1997.

Hochstim, J.R. (1967). A critical comparison of three strategies of collecting data from households. Journal of the American Statistical Association, 62:976-989.

Hoffman, J.P., Larison, C., and Brittingham, A. (1996) Drug Use Among U.S. Workers: Prevalence and Trends by Occupation and Industry Categories. Substance Abuse and Mental Health Services Administration. DHHS Pub. No. (SMA)96-3089, Washington, DC: Supt. of Docs., U.S. Govt. Print. Off.

Johnson, R.A., Gerstein, D.R., Ghadialy, R., Choi, W., and Gfroerer, J. (1996) Trends in the Incidence of Drug Use in the United States, 1919-1992. Substance Abuse and Mental Health Services Administration. DHHS Pub. No. (SMA)96-3076. U.S. Govt. Printing Office, 1996.

Johnson, R., Gerstein, D., and Rasinski, K. (1998) Adjusting survey estimates for response bias: An application to trends in alcohol and marijuana use. Public Opinion Quarterly, 62:354-377. Fall 1998

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (1996). National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1995. Volume 1, Secondary School Students. NIH Publication No. 96-4139.

Johnston, L.D., O'Malley, P.M., Bachman, J. G., Schulenberg, J.E. (1999). Cigarette Brand Preferences Among Adolescents, Monitoring the Future Occasional Paper 45, Institute for Social Research, University of Michigan, 1999.

Johnston, L. D., O'Malley, P.M., and Bachman, J.G. (2001). Monitoring the Future national results on adolescent drug use: Overview of key findings, 2000. (NIH Publication No. 01-4923). Bethesda, MD: National Institute on Drug Abuse.

Kandel, D.B., Griesler, P.C., Lee, G., Davies, M., and Schaffsan, C. (2001) Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation: Findings from the 1979-1996 National Household Surveys on Drug Abuse. Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Analytic Series: A-13, DHHS Pub. No. (SMA)01-3531, Rockville, MD. 2001

Keer, D.W., Colliver, J.D., Kopstein, A.N., Hughes, A.L., Gfroerer, J.C., Rice, S.C., and Schoenborn, C.A. (1994). Restricted Activity Days and Other Problems Associated with Use of Marijuana or Cocaine Among Persons 18-44 Years of Age: United States, 1991. Advance Data from Vital and Health Statistics, No. 246. Hyattsville, Maryland. National Center for Health Statistics.

Kessler, R.C., McGonagle, K.A., Zhao, S., Nelson, C., Hughes, M., Eshleman, S., Wittchen, H.U., Kendler, K.S. (1994). Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the National Comorbidity Survey (NCS). Archives in General Psychiatry, 51:8-19, 1994

Locander, W., Sudman, S., and Bradburn, N. (1976). An investigation of interview method, threat and response distortion. Journal of the American Statistical Association, 71: 269-275.

Maguire, K., and Pastore, A. eds. (2000). Sourcebook of Criminal Justice Statistics 1999. U.S. Department of Justice, Bureau of Justice Statistics. Washington, D.C., USGPO, 2000.

National Center for Health Statistics (2001). http://www.cdc.gov/nchs/nhis.htm.

National Institute on Drug Abuse (1983). National Survey on Drug Abuse: Main Findings 1982. DHHS Pub.No.(ADM)83-1263, Rockville, MD, 1983

Office of National Drug Control Policy (2001).
http://www.mediacampaign.org/publications/index.html.

Partnership for a Drug Free America (2001). http://www.drugfreeamerica.org.

Rao, J. N. K., and Wu, C.F.J., (1985). Inference from Stratified Samples: Second-Order Analysis of Three Methods of Nonlinear Statistics. Journal of the American Statistical Association 80:620-630.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R., Shew, M., Ireland, M., Bearinger, L.H., Udry, J.R. (1997). Protecting

Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health. Journal of the American Medical Association, Vol. 278:10, p.823-832. September 1997.

Rhodes, W. (1993). Synthetic Estimation Applied to the Prevalence of Drug Use, Journal of Drug Issues, 23(2): 297-321,1993.

Rouse, B., Kozel, N., and Richards, L. (Eds.) (1985). Self-Report Methods of Estimating Drug Use: Meeting Current Challenges to Validity. National Institute on Drug Abuse Research Monograph 57. DHHS Pub. No. (ADM) 85-1402.

Substance Abuse and Mental Health Services Administration (1993). Race/ethnicity, Socioeconomic Status, and Drug Abuse 1991. DHHS Pub. No. (SMA)93-2062, Washington, DC: Supt. of Docs., U.S. Govt. Print. Off.

Substance Abuse and Mental Health Services Administration (1996a). Development and Implementation of a New Data Collection Instrument for the 1994 National Household Survey on Drug Abuse. DHHS Pub. No. (SMA)96-3084, Washington, DC: Supt. of Docs., U.S. Govt. Print. Off.

Substance Abuse and Mental Health Services Administration (1996b). Advance Report Number 15. Mental Health Estimates from the 1994 National Household Survey on Drug Abuse. Office of Applied Studies, May 1996.

Substance Abuse and Mental Health Services Administration (1997). Substance Abuse Among Women in the United States. Office of Applied Studies, Analytic Series: A-3, DHHS Pub. No. (SMA) 97-3162. Rockville, MD, September 1997.

Substance Abuse and Mental Health Services Administration (1998a). Prevalence of Substance Abuse Among Racial and Ethnic Subgroups in the United States 1991-1993. Office of Applied Studies, Analytic Series: A-6, DHHS Pub. No. (SMA) 98-3202, Rockville, MD, April 1998.

Substance Abuse and Mental Health Services Administration (1998b). Analysis of Substance Abuse and Treatment Need Issues. Office of Applied Studies, Analytic Series: A-7, DHHS Pub. No. (SMA) 98-3227, Rockville, MD, May 1998.

Substance Abuse and Mental Health Services Administration (1998c). Preliminary Results from the 1997 National Household Survey on Drug Abuse. Office of Applied Studies, Series: H-6, DHHS Pub. No. (SMA) 98-3251, Rockville, MD, August 1998.

Substance Abuse and Mental Health Services Administration (1998d). Driving After Drug or Alcohol Use: Findings from the 1996 National Household Survey on Drug Abuse. Office of Applied Studies, Analytic Series: A-8, DHHS Pub. No. (SMA) 98-3273. Rockville, MD, December 1998.

Substance Abuse and Mental Health Services Administration (1999a). The Relationship Between Mental Health and Substance Abuse Among Adolescents. Office of Applied Studies, Analytic Series: A-9, DHHS Pub. No. (SMA) 99-3286, Rockville, MD, April 1999.

Substance Abuse and Mental Health Services Administration (1999b). Substance Use and Characteristics by Employment Status. Office of Applied Studies, Analytic Series: A-10. DHHS Pub. No. (SMA) 99-3311, Rockville, MD, June 1999.

Substance Abuse and Mental Health Services Administration (1999c). National Household Survey on Drug Abuse: Population Estimates, 1998. Office of Applied Studies, Series: H-10, DHHS Pub. No. (SMA) 99-3327, Rockville, MD, 1999.

Substance Abuse and Mental Health Services Administration (1999d). Summary of Findings from the 1998 National Household Survey on Drug Abuse. Office of Applied Studies, Series: H-10, DHHS Pub. No. (SMA) 99-3328, Rockville, MD, Aug. 1999.

Substance Abuse and Mental Health Services Administration (2000a). National Household Survey on Drug Abuse Main Findings, 1998. Office of Applied Studies, Series: H-11, DHHS Pub. No. (SMA) 00-3381, Rockville, MD, March 2000.

Substance Abuse and Mental Health Services Administration (2000b). Uniform Facility Data Set (UFDS):1998. Office of Applied Studies, Series: S-10, DHHS. Pub. No. (SMA)00-3463, Rockville, MD, August 2000.

Substance Abuse and Mental Health Services Administration (2000c). Summary of Findings from the 1999 National Household Survey on Drug Abuse. Office of Applied Studies, Series: H-12, DHHS Pub. No. (SMA) 00-3466, August 2000.

Substance Abuse and Mental Health Services Administration (2001a). Development of Computer-Assisted Interviewing Procedures for the National Household Survey on Drug Abuse. Office of Applied Studies, Methodology Series: M-3, DHHS Pub. No. (SMA) 01-3514, Rockville, MD, 2001.

Substance Abuse and Mental Health Services Administration (2001b). Risk and Protective Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse. Office of Applied Studies, Analytic Series: A-12, DHHS Pub. No. (SMA) 01-3499, February 2001.

Substance Abuse and Mental Health Services Administration (2001c). Youth Substance Use: State Estimates from the 1999 National Household Survey on Drug Abuse. Office of Applied Studies, Analytic Series: A-14, DHHS Pub. No. (SMA) 01-3546, 2001.

Sudman, S. and Bradburn, N. (1974). Response Effects in Surveys: A Review and Synthesis. Chicago. Aldine Press.

Tourangeau, R., and Smith, T. (1996). Asking sensitive questions, the impact of data collection mode, question format, and question context. Public Opinion Quarterly, 60: 275-304.

Turner, C.F., Ku, L., Rogers, S., Lindberg, L., and Sonenstein, F. (1998). Adolescent sexual behavior, drug use, and violence: Increased reporting with computer survey technology. Science, 280: 867-873.

Turner, C.F., Ku, L., Sonenstein, F. and Pleck, J. (1996). "Impact of ACASI on reporting of Male-Male Sexual Contacts: Preliminary Results from the 1995 National Survey of Adolescent Males." Proceedings of the Health Survey Research Methods Conference, 171-176.

Turner, C.F., Lessler, J.T., and Gfroerer, J.C. (1992). Survey Measurement of Drug Use: Methodological Studies. National Institute on Drug Abuse. DHHS Pub. No. (ADM) 92-1929.

U.S. Bureau of the Census (2000). Census Projections -- U.S. Census Website: http://www.census.gov/population/www/projections/st_yr95to00.html.

U.S. Bureau of the Census (1992). Census 1990 Microdata – Census of Population and Housing, 1990: Public Use Microdata U.S. [machine-readable file] / prepared by the Bureau of the Census. - Washington: The Bureau [producer and distributor], 1992.

U.S. Department of Agriculture (1998). National Agricultural Statistics Service. Crop Production. Obtained December 11, 1998 at http://usda2.mannlib.cornell.edu/reports/nassr/field/pcp-bb/1998/crop1298.txt.

U.S. Department of Health and Human Services. (1994). Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health And Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 1994.

Wechsler, H., Lee, J.E., Kuo, M., Lee, H. (2000). College Binge Drinking in the 1990's: A continuing Problem, Results of the Harvard School of public Health 1999 College Alcohol Study. Journal of American College Health, 48: 199-210.

Wright, D., Gfroerer, J., Epstein, J. (1997). Ratio Estimation of Hardcore Drug Use. Journal of Official Statistics, Vol.13:4:401-416

Zanes, A. and Matsoukas, E. (1979). Different settings, different results? A comparison of school and home responses. Public Opinion Quarterly, 43:550-557.

APPENDIX E

SAMPLE SIZE AND POPULATION TABLES

10703 (7.1N)

Table E.1 Survey Sample Size for All Respondents Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000

Age Category	Total		GENDER			
			Male		Female	
	1999	2000	1999	2000	1999	2000
Total	66,706	71,764	32,092	34,386	34,614	37,378
12	3,967	4,117	1,968	2,100	1,999	2,017
13	4,385	4,488	2,208	2,299	2,177	2,189
14	4,416	4,481	2,329	2,282	2,087	2,199
15	4,192	4,399	2,112	2,237	2,080	2,162
16	4,333	4,263	2,158	2,128	2,175	2,135
17	4,064	3,969	2,023	1,931	2,041	2,038
18	3,257	3,278	1,612	1,604	1,645	1,674
19	2,950	2,951	1,412	1,454	1,538	1,497
20	2,788	2,903	1,307	1,359	1,481	1,544
21	2,690	2,715	1,310	1,268	1,380	1,447
22	2,625	2,738	1,215	1,246	1,410	1,492
23	2,552	2,704	1,200	1,313	1,352	1,391
24	2,576	2,623	1,181	1,220	1,395	1,403
25	2,495	2,701	1,174	1,252	1,321	1,449
26-29	3,576	4,183	1,645	1,890	1,931	2,293
30-34	4,302	5,369	2,014	2,423	2,288	2,946
35-39	2,274	2,488	1,052	1,149	1,222	1,339
40-44	2,106	2,424	952	1,138	1,154	1,286
45-49	1,866	2,246	868	1,037	998	1,209
50-54	1,215	1,648	542	781	673	867
55-59	948	1,197	422	573	526	624
60-64	730	933	331	439	399	494
65 or Older	2,399	2,946	1,057	1,263	1,342	1,683

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (7.1A)

Table E.2 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Gender and Detailed Age Categories: 1999 and 2000

Age Category	Total		GENDER			
			Male		Female	
	1999	2000	1999	2000	1999	2000
Total	221,123	223,280	106,229	107,344	114,894	115,935
12	3,570	3,742	1,776	1,932	1,794	1,810
13	4,017	4,017	2,038	2,078	1,979	1,939
14	4,068	4,046	2,195	2,087	1,873	1,959
15	3,797	4,003	1,959	2,083	1,838	1,920
16	4,032	3,964	2,021	1,990	2,011	1,974
17	3,719	3,596	1,888	1,789	1,831	1,807
18	4,279	4,312	2,172	2,203	2,107	2,109
19	3,978	3,888	1,979	1,992	1,999	1,896
20	3,784	3,883	1,809	1,909	1,974	1,974
21	3,537	3,508	1,836	1,706	1,701	1,802
22	3,370	3,390	1,637	1,635	1,733	1,755
23	3,169	3,463	1,574	1,770	1,595	1,693
24	3,218	3,214	1,552	1,581	1,666	1,633
25	3,133	3,327	1,581	1,619	1,552	1,708
26-29	14,826	14,204	7,139	6,856	7,686	7,348
30-34	18,842	18,806	9,187	9,145	9,655	9,660
35-39	22,742	21,594	11,191	10,768	11,550	10,827
40-44	21,492	22,178	10,328	10,898	11,164	11,280
45-49	19,090	20,110	9,500	9,632	9,590	10,477
50-54	16,975	19,027	7,467	8,732	9,508	10,295
55-59	12,968	13,470	6,235	6,488	6,733	6,983
60-64	10,144	10,174	4,728	4,883	5,416	5,291
65 or Older	32,373	31,364	14,435	13,570	17,938	17,794

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table E.3 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	66,706	71,764	25,357	25,717	21,933	22,613	19,416	23,434
GENDER								
Male	32,092	34,386	12,798	12,977	10,411	10,716	8,883	10,693
Female	34,614	37,378	12,559	12,740	11,522	11,897	10,533	12,741
HISPANIC ORIGIN AND RACE								
Not Hispanic								
White Only	46,054	49,415	16,901	17,047	14,697	14,991	14,456	17,377
Black Only	7,982	8,494	3,297	3,367	2,729	2,711	1,956	2,416
American Indian or Alaska Native Only	739	769	273	288	278	270	188	211
Native Hawaiian or Other Pacific Islander	232	261	92	92	84	108	56	61
Asian Only	2,146	2,393	795	784	765	856	586	753
More Than One Race	1,072	1,039	483	468	380	352	209	219
Hispanic	8,481	9,393	3,516	3,671	3,000	3,325	1,965	2,397
GENDER/RACE/HISPANIC ORIGIN								
Male - White	22,142	23,740	8,540	8,597	6,935	7,166	6,667	7,977
Female - White	23,912	25,675	8,361	8,450	7,762	7,825	7,789	9,400
Male - Black	3,603	3,790	1,648	1,660	1,184	1,127	771	1,003
Female - Black	4,379	4,704	1,649	1,707	1,545	1,584	1,185	1,413
Male - Hispanic	4,317	4,634	1,790	1,892	1,547	1,615	980	1,127
Female - Hispanic	4,164	4,759	1,726	1,779	1,453	1,710	985	1,270
ADULT EDUCATION[1]								
< High School	7,458	8,376	N/A	N/A	4,347	4,771	3,111	3,605
High School Graduate	14,845	16,026	N/A	N/A	8,218	8,234	6,627	7,792
Some College	11,692	12,577	N/A	N/A	6,990	6,954	4,702	5,623
College Graduate	7,354	9,068	N/A	N/A	2,378	2,654	4,976	6,414
CURRENT EMPLOYMENT[1]								
Full-Time	23,723	26,826	N/A	N/A	11,433	11,984	12,290	14,842
Part-Time	7,220	7,567	N/A	N/A	5,184	5,113	2,036	2,454
Unemployed	1,705	1,706	N/A	N/A	1,266	1,237	439	469
Other[2]	8,701	9,948	N/A	N/A	4,050	4,279	4,651	5,669

N/A: Not applicable.
[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥ 18.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table E.4 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Demographic Characteristics: 1999 and 2000

Demographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	221,123	223,280	23,203	23,368	28,468	28,984	169,452	170,927
GENDER								
Male	106,229	107,344	11,877	11,959	14,140	14,413	80,211	80,972
Female	114,894	115,935	11,326	11,408	14,328	14,571	89,240	89,956
HISPANIC ORIGIN AND RACE								
Not Hispanic								
White Only	162,107	162,913	15,313	15,308	18,756	19,142	128,038	128,463
Black Only	24,858	25,402	3,222	3,338	3,854	3,922	17,782	18,142
American Indian or Alaska Native Only	1,151	1,091	131	144	136	177	884	770
Native Hawaiian or Other Pacific Islander	785	545	53	66	81	104	651	376
Asian Only	7,254	7,620	897	835	1,086	1,003	5,271	5,782
More Than One Race	1,948	1,861	366	364	346	301	1,236	1,195
Hispanic	23,019	23,847	3,219	3,312	4,210	4,335	15,590	16,200
GENDER/RACE/HISPANIC ORIGIN								
Male - White	78,540	79,035	7,869	7,855	9,419	9,578	61,251	61,602
Female - White	83,568	83,878	7,444	7,453	9,336	9,564	66,787	66,861
Male - Black	11,109	11,441	1,637	1,705	1,778	1,816	7,694	7,920
Female - Black	13,748	13,961	1,585	1,633	2,076	2,106	10,087	10,222
Male - Hispanic	11,348	11,743	1,646	1,719	2,126	2,228	7,575	7,796
Female - Hispanic	11,671	12,104	1,573	1,593	2,083	2,107	8,015	8,404
ADULT EDUCATION[1]								
< High School	36,495	35,357	N/A	N/A	5,848	6,105	30,646	29,252
High School Graduate	67,834	67,135	N/A	N/A	10,242	10,401	57,592	56,734
Some College	47,925	48,303	N/A	N/A	9,110	9,061	38,815	39,242
College Graduate	45,666	49,116	N/A	N/A	3,268	3,416	42,398	45,700
CURRENT EMPLOYMENT[1]								
Full-Time	112,985	116,065	N/A	N/A	14,692	15,339	98,293	100,726
Part-Time	23,754	23,372	N/A	N/A	6,816	6,685	16,938	16,686
Unemployed	5,169	4,675	N/A	N/A	1,661	1,623	3,508	3,053
Other[2]	56,011	55,800	N/A	N/A	5,299	5,338	50,712	50,463

N/A: Not applicable.
[1] Data on adult education and current employment not shown for persons aged 12 to 17. Estimates for both adult education and current employment are for persons aged ≥18.
[2] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (7.8N)

Table E.5 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	66,706	71,764	25,357	25,717	21,933	22,613	19,416	23,434
GEOGRAPHIC DIVISION								
Northeast	11,830	14,394	4,475	5,102	3,656	4,310	3,699	4,982
New England	4,768	5,608	1,876	1,915	1,375	1,684	1,517	2,009
Middle Atlantic	7,062	8,786	2,599	3,187	2,281	2,626	2,182	2,973
Midwest	18,103	19,355	6,530	6,655	6,165	6,236	5,408	6,464
East North Central	11,654	13,094	4,124	4,581	3,918	4,098	3,612	4,415
West North Central	6,449	6,261	2,406	2,074	2,247	2,138	1,796	2,049
South	21,018	22,041	7,731	7,856	7,189	7,189	6,098	6,996
South Atlantic	10,661	11,331	4,004	4,078	3,527	3,579	3,130	3,674
East South Central	3,688	3,818	1,234	1,311	1,438	1,287	1,016	1,220
West South Central	6,669	6,892	2,493	2,467	2,224	2,323	1,952	2,102
West	15,755	15,974	6,621	6,104	4,923	4,878	4,211	4,992
Mountain	7,315	7,304	2,755	2,440	2,513	2,396	2,047	2,468
Pacific	8,440	8,670	3,866	3,664	2,410	2,482	2,164	2,524
COUNTY TYPE								
Large Metro	25,901	28,744	10,116	10,576	8,121	8,759	7,664	9,409
Small Metro	22,612	24,579	8,316	8,505	7,859	8,108	6,437	7,966
250K - 1 Mil. Pop.	15,870	17,569	5,980	6,179	5,246	5,633	4,644	5,757
<250K Pop.	6,742	7,010	2,336	2,326	2,613	2,475	1,793	2,209
Nonmetro	18,193	18,441	6,925	6,636	5,953	5,746	5,315	6,059
Urbanized	6,027	5,839	2,177	1,965	2,199	1,969	1,651	1,905
Less Urbanized	9,961	10,390	3,835	3,800	3,156	3,205	2,970	3,385
Completely Rural	2,205	2,212	913	871	598	572	694	769

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table E.6 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Geographic Characteristics: 1999 and 2000

Geographic Characteristic	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
TOTAL	221,123	223,280	23,203	23,368	28,468	28,984	169,452	170,927
GEOGRAPHIC DIVISION								
Northeast	42,676	42,822	4,154	4,200	5,046	5,112	33,476	33,510
New England	11,149	11,207	1,092	1,107	1,289	1,318	8,767	8,781
Middle Atlantic	31,527	31,615	3,062	3,093	3,756	3,794	24,709	24,729
Midwest	51,571	51,867	5,471	5,455	6,796	6,906	39,304	39,506
East North Central	36,134	36,303	3,776	3,769	4,744	4,805	27,613	27,729
West North Central	15,437	15,564	1,695	1,686	2,052	2,101	11,691	11,777
South	78,426	79,469	8,245	8,318	10,114	10,292	60,066	60,859
South Atlantic	40,495	41,078	4,008	4,070	4,833	4,927	31,654	32,081
East South Central	13,725	13,868	1,419	1,423	1,819	1,832	10,487	10,614
West South Central	24,205	24,522	2,818	2,825	3,462	3,533	17,926	18,164
West	48,450	49,122	5,333	5,394	6,511	6,675	36,606	37,053
Mountain	13,970	14,310	1,608	1,623	1,949	2,015	10,413	10,672
Pacific	34,480	34,812	3,725	3,771	4,563	4,660	26,192	26,380
COUNTY TYPE								
Large Metro	110,495	109,087	11,558	11,365	13,919	13,896	85,017	83,826
Small Metro	66,655	68,645	6,992	7,204	9,172	9,486	50,490	51,955
250K - 1 Mil. Pop.	49,988	51,000	5,286	5,392	6,430	6,634	38,271	38,975
<250K Pop.	16,667	17,644	1,706	1,812	2,742	2,853	12,219	12,980
Nonmetro	43,973	45,548	4,652	4,799	5,377	5,602	33,944	35,147
Urbanized	13,169	13,281	1,497	1,326	1,933	1,881	9,740	10,075
Less Urbanized	25,074	26,996	2,603	2,877	2,913	3,237	19,559	20,883
Completely Rural	5,729	5,270	553	596	531	484	4,645	4,189

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table E.7 Survey Sample Size for All Respondents Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: 1999 and 2000 Samples Combined

Racial and Ethnic Subgroup[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
NOT HISPANIC				
White	95,469	33,948	29,688	31,833
Black	16,476	6,664	5,440	4,372
American Indian or Alaska Native	1,508	561	548	399
Native Hawaiian	180	69	66	45
Other Pacific Islander	309	114	124	71
Chinese	738	238	257	243
Filipino	800	307	261	232
Japanese	494	123	168	203
Asian Indian	906	258	351	297
Korean	436	171	158	107
Vietnamese	453	195	154	104
HISPANIC				
Mexican	11,736	4,834	4,189	2,713
Puerto Rican	2,125	897	767	461
Central or South American	2,363	862	848	653
Cuban	621	243	164	214

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the U.S., or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10725 (7.5A)

Table E.8 Estimated Numbers (in Thousands) of Persons Aged 12 or Older, by Age Groups and Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 Samples

Racial and Ethnic Subgroup[1]	Total	AGE GROUP (Years)		
		12-17	18-25	26 or Older
NOT HISPANIC				
White	162,510	15,311	18,949	128,250
Black	25,130	3,280	3,888	17,962
American Indian or Alaska Native	1,121	138	156	827
Native Hawaiian	119	15	21	83
Other Pacific Islander	545	44	70	430
Chinese	1,430	131	174	1,125
Filipino	1,504	165	179	1,160
Japanese	629	37	74	518
Asian Indian	1,546	145	212	1,189
Korean	632	86	88	458
Vietnamese	671	132	120	420
HISPANIC				
Mexican	15,159	2,241	3,024	9,893
Puerto Rican	2,568	393	438	1,737
Central or South American	3,236	391	522	2,323
Cuban	1,133	96	93	945

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the U.S., or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

APPENDIX F

SUBSTANCE USE PREVALENCE TABLES

10703 (1.1A)

Table F.1 Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Illicit Drugs Among Persons Aged 12 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	87,734	86,931	25,402	24,535	13,829	14,027
Marijuana and Hashish	76,428	76,321	19,102	18,589	10,458	10,714
Cocaine	25,406	24,896	3,742	3,328	1,552	1,213
Crack	5,910	5,307	1,045[a]	721	418	265
Heroin	3,054	2,779	353	308	154	130
Hallucinogens	25,061	26,125	3,191	3,483	922	971
LSD	19,215	19,642	1,905	1,749	482	403
PCP	5,693	5,804	245	264	55	54
Inhalants	17,138	16,702	1,937	1,918	570	622
Nonmedical Use of Any Psychotherapeutic[2]	34,076	32,443	9,220	8,761	3,952	3,849
Pain Relievers	19,888	19,210	6,582	6,466	2,621	2,782
Tranquilizers	13,860	13,007	2,728	2,731	1,097	1,000
Stimulants	15,922[a]	14,661	2,291	2,112	950	788
Methamphetamine	9,442	8,843	1,140	1,031	435	387
Sedatives	7,747	7,142	631	611	229	175
Any Illicit Drug Other Than Marijuana[1]	53,268	52,605	13,444	13,052	5,981	5,711

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.1B)

Table F.2 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	39.7	38.9	11.5	11.0	6.3	6.3
Marijuana and Hashish	34.6	34.2	8.6	8.3	4.7	4.8
Cocaine	11.5	11.2	1.7	1.5	0.7	0.5
Crack	2.7	2.4	0.5[a]	0.3	0.2	0.1
Heroin	1.4	1.2	0.2	0.1	0.1	0.1
Hallucinogens	11.3	11.7	1.4	1.6	0.4	0.4
LSD	8.7	8.8	0.9	0.8	0.2	0.2
PCP	2.6	2.6	0.1	0.1	0.0	0.0
Inhalants	7.8	7.5	0.9	0.9	0.3	0.3
Nonmedical Use of Any Psychotherapeutic[2]	15.4[a]	14.5	4.2	3.9	1.8	1.7
Pain Relievers	9.0	8.6	3.0	2.9	1.2	1.2
Tranquilizers	6.3	5.8	1.2	1.2	0.5	0.4
Stimulants	7.2[a]	6.6	1.0	0.9	0.4	0.4
Methamphetamine	4.3	4.0	0.5	0.5	0.2	0.2
Sedatives	3.5	3.2	0.3	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	24.1	23.6	6.1	5.8	2.7	2.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.2B)

Table F.3 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 to 17: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	27.6	26.9	19.8[a]	18.6	9.8	9.7
Marijuana and Hashish	18.7	18.3	14.2	13.4	7.2	7.2
Cocaine	2.4	2.4	1.6	1.7	0.5	0.6
Crack	0.6	0.6	0.4	0.4	0.1	0.1
Heroin	0.4	0.4	0.3	0.2	0.2[a]	0.1
Hallucinogens	5.7	5.8	3.8	3.9	1.1	1.2
LSD	3.8	3.6	2.4	2.2	0.6	0.5
PCP	0.9	1.1	0.4	0.5	0.1	0.1
Inhalants	9.1	8.9	3.9	3.5	1.1	1.0
Nonmedical Use of Any Psychotherapeutic[2]	10.9	10.9	7.1	7.1	2.9	3.0
Pain Relievers	8.2	8.4	5.5	5.4	2.1	2.3
Tranquilizers	2.5	2.5	1.6	1.6	0.5	0.5
Stimulants	3.9	4.0	2.1	2.4	0.7	0.8
Methamphetamine	1.4	1.3	0.7	0.8	0.2	0.3
Sedatives	0.8	0.8	0.5	0.5	0.2	0.2
Any Illicit Drug Other Than Marijuana[1]	18.3	18.1	11.6	11.3	4.5	4.6

[a]Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.3B)

Table F.4 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 18 to 25: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	52.6	51.2	29.1	27.9	16.4	15.9
Marijuana and Hashish	46.8	45.7	24.5	23.7	14.2	13.6
Cocaine	11.9[a]	10.9	5.2[b]	4.4	1.7	1.4
Crack	3.3[a]	2.8	1.0[b]	0.7	0.3[a]	0.1
Heroin	1.8[a]	1.4	0.5	0.4	0.1	0.1
Hallucinogens	19.3	19.3	6.8	6.8	1.9	1.8
LSD	14.7	14.0	4.0[a]	3.4	1.0	0.8
PCP	2.4	2.3	0.4	0.3	0.1	0.1
Inhalants	14.1[b]	12.8	2.6	2.4	0.6	0.6
Nonmedical Use of Any Psychotherapeutic[2]	20.9[b]	19.5	9.9	9.3	3.7	3.6
Pain Relievers	15.2	14.6	7.6	7.3	2.6	2.7
Tranquilizers	7.9	7.4	3.1	3.0	1.1	1.0
Stimulants	9.0[b]	7.6	3.0[a]	2.4	1.1[a]	0.8
Methamphetamine	5.2[b]	4.1	1.5	1.2	0.5	0.3
Sedatives	2.0	1.6	0.6	0.6	0.2	0.1
Any Illicit Drug Other Than Marijuana[1]	33.3[a]	31.9	15.7	14.8	6.1	5.9

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.4B)

Table F.5 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 26 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	39.2	38.5	7.4	7.1	4.1	4.2
Marijuana and Hashish	34.7	34.4	5.2	5.0	2.8	3.0
Cocaine	12.7	12.4	1.1	1.0	0.6	0.4
Crack	2.9	2.5	0.4	0.3	0.2	0.1
Heroin	1.4	1.3	0.1	0.1	0.0	0.1
Hallucinogens	10.8	11.2	0.2[a]	0.4	0.1	0.1
LSD	8.4	8.6	0.1	0.1	0.0	0.0
PCP	2.8	2.9	0.0	0.0	*	0.0
Inhalants	6.5	6.4	0.2	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[2]	15.1	14.2	2.8	2.6	1.3	1.2
Pain Relievers	8.1	7.6	1.9	1.8	0.8	0.9
Tranquilizers	6.5	6.0	0.9	0.9	0.4	0.4
Stimulants	7.3	6.7	0.6	0.5	0.3	0.2
Methamphetamine	4.5	4.3	0.3	0.3	0.1	0.1
Sedatives	4.1	3.8	0.2	0.2	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	23.3	22.9	3.7	3.6	1.9	1.7

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.5B)

Table F.6 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 12 or 13: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	13.3	12.6	8.6[b]	7.2	3.9[b]	3.0
Marijuana and Hashish	4.0	4.0	3.2	2.7	1.5	1.1
Cocaine	0.5	0.4	0.4	0.3	0.2	0.1
Crack	0.1	0.1	0.0	0.1	0.0	0.0
Heroin	0.1	0.1	0.1	0.1	0.0	0.0
Hallucinogens	1.4	1.3	0.8	0.8	0.3	0.2
LSD	0.6	0.5	0.4	0.4	0.1	0.1
PCP	0.3	0.3	0.1	0.2	0.0	0.0
Inhalants	6.8	6.8	3.5[a]	2.8	1.3[b]	0.7
Nonmedical Use of Any Psychotherapeutic[2]	5.7	5.6	3.9	3.5	1.8	1.6
Pain Relievers	4.2	4.4	2.9	2.5	1.4	1.3
Tranquilizers	0.8	0.8	0.5	0.5	0.2	0.1
Stimulants	1.4	1.7	0.9	1.1	0.3	0.3
Methamphetamine	0.3	0.3	0.2	0.2	0.1	0.1
Sedatives	0.5	0.5	0.4	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	11.3	10.8	6.9[a]	5.9	2.9	2.3

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.7 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 14 or 15: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	28.2	27.2	19.9	19.2	9.8	9.8
Marijuana and Hashish	17.6	17.5	13.5	13.3	6.9	6.9
Cocaine	1.8	1.9	1.3	1.6	0.5	0.5
Crack	0.6	0.5	0.5	0.5	0.1	0.1
Heroin	0.2	0.4	0.2	0.2	0.2	0.0
Hallucinogens	4.5	4.9	3.3	3.7	0.9	0.9
LSD	2.9	2.9	1.9	2.1	0.5	0.4
PCP	1.0	1.1	0.5	0.6	0.2	0.1
Inhalants	9.9	9.9	4.2	4.1	1.0	1.2
Nonmedical Use of Any Psychotherapeutic[2]	11.5	11.0	8.1	7.4	3.4	3.0
Pain Relievers	8.7	8.5	6.2	5.5	2.5	2.4
Tranquilizers	2.5	2.3	1.7	1.5	0.6	0.4
Stimulants	3.9	4.0	2.4	2.5	0.8	0.8
Methamphetamine	1.3	1.2	0.8	0.7	0.2	0.2
Sedatives	0.8	0.7	0.6	0.5	0.2	0.1
Any Illicit Drug Other Than Marijuana[1]	19.1	18.6	12.1	11.8	4.9	4.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.7B)

Table F.8 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 16 or 17: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	41.1	41.3	30.4	29.8	15.4	16.4
Marijuana and Hashish	34.3	34.0	25.5	24.5	13.2	13.7
Cocaine	4.8	4.9	3.1	3.2	0.9	1.1
Crack	1.1	1.2	0.6	0.6	0.1	0.1
Heroin	1.0[a]	0.6	0.6	0.3	0.3	0.1
Hallucinogens	11.0	11.3	7.3	7.3	2.1	2.3
LSD	7.8	7.5	4.8	4.1	1.3	1.1
PCP	1.6	1.8	0.6	0.7	0.1	0.1
Inhalants	10.6	10.0	4.0	3.7	0.9	1.0
Nonmedical Use of Any Psychotherapeutic[2]	15.3	16.2	9.3[a]	10.4	3.4[a]	4.3
Pain Relievers	11.4	12.4	7.2	8.2	2.6[a]	3.3
Tranquilizers	4.1	4.6	2.4	2.9	0.7	0.8
Stimulants	6.5	6.2	3.1	3.5	0.8[a]	1.2
Methamphetamine	2.5	2.5	1.1	1.5	0.3[a]	0.6
Sedatives	1.1	1.2	0.4	0.6	0.2	0.2
Any Illicit Drug Other Than Marijuana[1]	24.4	25.1	15.8	16.3	5.6[a]	6.9

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.8B)

Table F.9 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 18 to 20: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	51.9	51.5	33.6	33.3	19.5	19.6
Marijuana and Hashish	46.0	45.9	28.9	28.7	17.3	17.2
Cocaine	10.6	9.8	5.7[a]	4.8	1.8	1.7
Crack	3.0	2.7	1.1	0.9	0.3	0.3
Heroin	1.5	1.3	0.6	0.4	0.2	0.1
Hallucinogens	18.0	19.0	9.1	9.6	2.6	2.7
LSD	13.6	13.8	5.8	5.3	1.5	1.4
PCP	2.4	2.5	0.7	0.6	0.1	0.1
Inhalants	13.3	13.0	3.7	3.8	0.9	0.8
Nonmedical Use of Any Psychotherapeutic[2]	20.7	20.2	11.2	11.3	4.5	4.5
Pain Relievers	15.2	15.8	8.6	9.0	3.2	3.3
Tranquilizers	7.4	7.1	3.5	3.4	1.2	1.2
Stimulants	9.2[a]	8.0	3.6	3.2	1.3	1.1
Methamphetamine	5.2[b]	3.8	1.8	1.6	0.6	0.4
Sedatives	2.0	1.7	0.7	0.8	0.2	0.2
Any Illicit Drug Other Than Marijuana[1]	32.0	32.1	17.9	18.1	7.4	7.5

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.9B)

Table F.10 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 21 to 25: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	53.1[a]	51.0	25.8[a]	24.1	14.1	13.2
Marijuana and Hashish	47.4	45.6	21.2	20.1	12.0	11.1
Cocaine	12.9[a]	11.6	4.9[a]	4.1	1.6[a]	1.1
Crack	3.5	2.9	0.9[b]	0.5	0.2[a]	0.1
Heroin	1.9	1.5	0.4	0.4	0.1	0.1
Hallucinogens	20.2	19.5	5.0	4.8	1.4	1.2
LSD	15.5	14.2	2.6	2.1	0.6	0.4
PCP	2.4	2.2	0.3	0.2	0.1	0.1
Inhalants	14.7[b]	12.6	1.8	1.4	0.4	0.4
Nonmedical Use of Any Psychotherapeutic[2]	21.1[b]	19.0	9.0[a]	7.9	3.2	3.0
Pain Relievers	15.1[a]	13.7	6.8	6.1	2.2	2.3
Tranquilizers	8.2	7.7	2.9	2.8	1.0	0.9
Stimulants	8.8[b]	7.3	2.5[a]	1.9	0.8[b]	0.5
Methamphetamine	5.2[a]	4.3	1.2	0.9	0.4	0.3
Sedatives	2.0	1.6	0.5	0.4	0.2	0.1
Any Illicit Drug Other Than Marijuana[1]	34.2[b]	31.8	14.1[b]	12.4	5.1	4.7

•Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.10B)

Table F.11 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 26 to 34: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	53.2[a]	50.9	13.5	13.4	6.8	7.8
Marijuana and Hashish	47.7	46.0	10.3	10.3	5.4	5.9
Cocaine	17.8[b]	15.1	2.4	2.1	1.2	0.8
Crack	5.1[b]	3.8	0.7[a]	0.4	0.4[b]	0.1
Heroin	1.3	1.1	0.1	0.0	0.1	0.0
Hallucinogens	16.4	15.8	0.6[b]	1.2	0.1[a]	0.4
LSD	12.4	11.8	0.3	0.4	0.0	0.1
PCP	2.2	1.8	*	0.1	*	0.0
Inhalants	11.4	11.0	0.3	0.5	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[2]	18.6[a]	16.9	4.6	4.4	1.5[b]	2.1
Pain Relievers	11.0	10.4	3.1	3.2	0.9[b]	1.6
Tranquilizers	8.2[b]	6.9	1.5	1.3	0.5	0.5
Stimulants	8.2[b]	6.8	0.8	0.8	0.3	0.4
Methamphetamine	5.4	4.8	0.5	0.5	0.2	0.2
Sedatives	2.5	2.1	0.2	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	32.8[b]	30.4	6.6	6.6	2.7	3.1

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.12 Percentages Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs Among Persons Aged 35 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[1]	35.7	35.5	5.9	5.5	3.4	3.3
Marijuana and Hashish	31.5	31.6	4.0	3.8	2.2	2.3
Cocaine	11.4	11.8	0.8	0.7	0.4	0.3
Crack	2.3	2.2	0.3	0.2	0.1	0.1
Heroin	1.5	1.4	0.1	0.1	0.0	0.1
Hallucinogens	9.4	10.1	0.1	0.2	0.1	0.0
LSD	7.3	7.8	0.1	0.1	0.0	*
PCP	3.0	3.1	0.0	0.0	*	0.0
Inhalants	5.3	5.3	0.1	0.2	0.1	0.1
Nonmedical Use of Any Psychotherapeutic[2]	14.2	13.5	2.4	2.1	1.3	1.0
Pain Relievers	7.3	6.9	1.6	1.5	0.8	0.7
Tranquilizers	6.1	5.8	0.7	0.7	0.4	0.3
Stimulants	7.1	6.7	0.5	0.4	0.3	0.2
Methamphetamine	4.3	4.2	0.3	0.2	0.1	0.1
Sedatives	4.5	4.2	0.2	0.2	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	21.0	21.1	3.0	2.9	1.7	1.4

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.19B)

Table F.13 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug, by Detailed Age Categories: 1999 and 2000

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Total	39.7	38.9	11.5	11.0	6.3	6.3
12	10.3	9.1	6.9[a]	5.4	3.2	2.5
13	15.9	15.8	10.2	9.0	4.6[a]	3.5
14	25.0[b]	21.8	16.8[a]	14.7	8.2	7.8
15	31.6	32.8	23.3	23.7	11.5	11.8
16	38.8	38.9	28.9	28.3	14.7	14.9
17	43.7	43.9	32.1	31.4	16.2	18.1
18	48.7	48.7	33.6	33.7	19.2	20.3
19	53.0	52.2	33.8	33.9	19.6	19.7
20	54.5	54.0	33.3	32.2	19.8	18.8
21	54.9	54.4	30.3	30.0	17.1	17.8
22	53.3	52.4	28.7	26.6	16.2	13.9
23	54.9[b]	50.3	27.5[a]	24.1	14.9	12.6
24	53.4	50.0	22.3	21.8	11.5	11.9
25	48.6	47.6	19.6	17.4	10.1	9.4
26-29	50.8	50.1	15.2	15.6	7.9	8.8
30-34	55.0[b]	51.5	12.2	11.8	6.0	7.0
35-39	59.5[a]	55.5	11.8	9.9	6.2	5.3
40-44	58.0	58.1	12.3	10.4	7.9	6.5
45-49	51.1	49.9	7.0	6.9	3.6	4.8
50-54	35.0	35.5	3.7	4.5	2.5	2.4
55-59	23.3	28.6	2.0[a]	4.2	1.4	2.3
60-64	13.9	14.4	1.1	1.8	0.3	1.5
65 or Older	7.1	6.4	0.9	0.7	0.5	0.3

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.26B)

Table F.14 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	39.7	38.9	11.5	11.0	6.3	6.3
AGE						
12-17	27.6	26.9	19.8[a]	18.6	9.8	9.7
18-25	52.6	51.2	29.1	27.9	16.4	15.9
26 or Older	39.2	38.5	7.4	7.1	4.1	4.2
GENDER						
Male	43.6	43.5	13.8	12.9	8.1	7.7
Female	36.0	34.7	9.3	9.2	4.6	5.0
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	42.0	41.5	11.4	11.2	6.2	6.4
Black Only	37.7	35.5	13.2[b]	10.9	7.5	6.4
American Indian or Alaska Native Only	51.0	53.9	18.3	19.8	10.4	12.6
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	6.2
Asian Only	20.8	18.9	6.1	5.2	3.2	2.7
More Than One Race	42.2	49.2	15.5	20.6	10.3	14.8
Hispanic	31.2	29.9	11.0	10.1	6.1	5.3

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.27B)

Table F.15 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	27.6	26.9	19.8[a]	18.6	9.8	9.7
GENDER						
Male	28.3	27.2	19.9[a]	18.4	10.1	9.8
Female	26.9	26.6	19.6	18.9	9.4	9.5
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	27.8	27.6	20.1	19.7	9.8	10.1
Black Only	25.9	24.5	18.3[a]	15.3	9.4	8.4
American Indian or Alaska Native Only	46.5	*	30.5	*	20.0	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	19.1	17.3	13.0	11.6	7.1	5.8
More Than One Race	29.7	27.9	21.6	16.8	10.2	10.1
Hispanic	29.8	27.3	20.9[a]	18.2	10.4	9.5
GENDER/RACE/HISPANIC ORIGIN						
Male - White	28.0	27.2	19.7	19.1	9.5	10.1
Female - White	27.7	28.0	20.5	20.4	10.1	10.1
Male - Black	28.2	25.5	19.9[a]	16.3	10.9	8.7
Female - Black	23.5	23.5	16.6	14.2	7.7	8.0
Male - Hispanic	30.7	28.9	21.8	18.6	11.6	10.1
Female - Hispanic	28.9	25.6	19.9	17.7	9.1	8.8

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.16 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	52.6	51.2	29.1	27.9	16.4	15.9
GENDER						
Male	56.2	54.7	33.5	31.9	20.3	19.0
Female	49.0	47.8	24.8	23.9	12.5	12.7
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	57.5	56.1	31.9	30.7	17.6	17.6
Black Only	45.6	44.5	26.9	24.7	15.6	14.5
American Indian or Alaska Native Only	57.9[b]	76.3	30.8	*	16.9	17.0
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	30.8	27.9	18.0	14.0	8.0	7.2
More Than One Race	67.1	66.4	35.5	43.3	23.0	27.0
Hispanic	41.5	39.2	21.1	20.2	13.2[a]	10.8
ADULT EDUCATION						
< High School	53.3	52.3	31.1	30.3	19.1	18.8
High School Graduate	52.2	51.1	28.5	27.0	16.4	15.3
Some College	53.2	52.2	29.9	29.2	16.6	16.6
College Graduate	50.9	46.9	25.3	23.0	10.6	10.3
CURRENT EMPLOYMENT						
Full-Time	55.2	53.7	28.1	27.1	15.4	14.9
Part-Time	51.7	50.2	31.9[a]	29.0	18.4	16.5
Unemployed	55.0	58.3	35.8	38.3	22.6	25.1
Other[1]	45.7	43.3	26.2	25.6	14.5	15.1

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.17 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	39.2	38.5	7.4	7.1	4.1	4.2
GENDER						
Male	43.7	43.9	9.5	8.7	5.6	5.4
Female	35.1	33.6	5.5	5.6	2.7	3.1
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	41.4	41.0	7.4	7.3	4.0	4.3
Black Only	38.1	35.6	9.3[a]	7.1	5.4	4.2
American Indian or Alaska Native Only	*	*	*	12.0	7.9	9.5
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	19.0	17.6	2.5	2.8	1.5	1.5
More Than One Race	38.9	51.3	8.1	*	6.8	*
Hispanic	28.7	28.0	6.3	5.8	3.3	3.0
ADULT EDUCATION						
< High School	25.5	24.0	7.3	6.4	4.4	3.7
High School Graduate	36.6	37.3	6.5	7.0	3.7[b]	4.8
Some College	47.0	44.2	8.6	7.3	4.6	4.2
College Graduate	45.2	44.4	7.5	7.4	3.9	3.8
CURRENT EMPLOYMENT						
Full-Time	48.8	47.9	9.0	8.6	4.7	4.9
Part-Time	38.5	38.8	6.9	6.6	4.1	4.3
Unemployed	54.6	52.5	18.8	14.4	13.2	10.3
Other[1]	19.5	18.8	3.7	3.8	2.2	2.3

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.

[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.30B)

Table F.18 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	41.1	40.3	10.5	10.1	5.8	5.9
GENDER						
Male	45.6	45.6	13.1	12.2	7.8	7.4
Female	37.0	35.6	8.2	8.1	4.0	4.5
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	43.5	42.9	10.5	10.3	5.8	6.1
Black Only	39.4	37.1	12.4[a]	10.3	7.2	6.0
American Indian or Alaska Native Only	*	53.7	16.7	16.7	9.1	10.9
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	6.0
Asian Only	21.0	19.1	5.2	4.4	2.6	2.3
More Than One Race	45.1	54.3	14.1	21.6	10.3	*
Hispanic	31.4	30.4	9.4	8.8	5.4	4.7
ADULT EDUCATION						
< High School	30.0	28.9	11.2	10.5	6.8	6.3
High School Graduate	39.0	39.4	9.9	10.1	5.6[a]	6.4
Some College	48.2[a]	45.7	12.6	11.4	6.9	6.5
College Graduate	45.6	44.6	8.8	8.5	4.4	4.2
CURRENT EMPLOYMENT						
Full-Time	49.7	48.7	11.4	11.0	6.1	6.3
Part-Time	42.3	42.1	14.1	13.0	8.2	7.8
Unemployed	54.7	54.5	24.3	22.7	16.2	15.4
Other[1]	22.0	21.1	5.9	5.9	3.3	3.5

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.19 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 NHSDAs

Racial/Ethnic Subgroup[1]	TIME PERIOD		
	Lifetime	Past Year	Past Month
NOT HISPANIC			
White	41.7	11.3	6.3
Black	36.6	12.0	6.9
American Indian or Alaska Native	52.4	19.0	11.5
Native Hawaiian	*	*	*
Other Pacific Islander	*	*	*
Chinese	14.5	3.6	1.0
Filipino	24.7	6.1	2.7
Japanese	29.3	8.3	5.0
Asian Indian	13.3	4.2	2.1
Korean	29.2	9.5	6.9
Vietnamese	17.8	6.7	4.3
HISPANIC			
Mexican	30.5	10.3	5.5
Puerto Rican	41.3	16.3	10.1
Central or South American	25.8	8.2	4.1
Cuban	23.8	8.1	3.7

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the United States, or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (1.71B)

Table F.20 Percentages Reporting Lifetime, Past Year, and Past Month Use of Any Illicit Drug Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000

Geographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	39.7	38.9	11.5	11.0	6.3	6.3
GEOGRAPHIC DIVISION						
Northeast	41.2[a]	38.8	11.9	11.6	6.9	6.6
New England	49.4	47.8	14.3	16.2	9.8	10.0
Middle Atlantic	38.2	35.6	11.0	9.9	5.9	5.4
Midwest	41.0[b]	38.4	11.2[a]	10.1	6.1	5.7
East North Central	41.1	39.8	11.4	10.8	6.4	6.3
West North Central	40.6[b]	35.1	10.7[a]	8.5	5.4[a]	4.1
South	37.0	36.7	10.4	10.0	5.3	5.5
South Atlantic	38.8	38.2	10.9	10.7	5.6	5.8
East South Central	34.6	35.8	10.6	9.8	4.9	5.6
West South Central	35.2	34.7	9.5	8.8	4.9	4.9
West	41.4	43.3	13.2	13.1	7.5	8.0
Mountain	44.6	43.8	13.2	12.9	7.2	7.2
Pacific	40.1[a]	43.1	13.2	13.1	7.6	8.3
COUNTY TYPE						
Large Metro	40.8	40.3	12.0	11.4	6.7	6.5
Small Metro	41.2	40.1	12.0	11.7	6.5	6.7
250K - 1 Mil. Pop.	41.7	40.5	12.1	11.5	6.6	6.4
<250K Pop.	40.0	39.1	11.6	12.1	6.2	7.4
Nonmetro	34.5	33.9	9.4	9.0	4.8	5.1
Urbanized	39.5	38.7	11.1	10.8	6.1	6.8
Less Urbanized	33.0	32.4	9.1	8.4	4.3	4.5
Completely Rural	29.2	29.6	7.1	7.5	4.0	3.9

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.

[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.21 Percentages Reporting Past Month Use of Illicit Drugs Among Females Aged 15 to 44, by Pregnancy Status: Annual Averages Based on 1999 and 2000 Samples

Drug	Total[1]	PREGNANCY STATUS	
		Pregnant	Not Pregnant
Any Illicit Drug[2]	7.5	3.3	7.7
Marijuana and Hashish	5.6	2.5	5.7
Cocaine	0.7	0.1	0.8
Crack	0.1	0.0	0.1
Heroin	0.1	*	0.1
Hallucinogens	0.6	0.2	0.6
LSD	0.2	0.0	0.3
PCP	0.0	*	0.0
Inhalants	0.2	0.1	0.2
Nonmedical Use of Any Psychotherapeutic[3]	2.3	0.7	2.4
Pain Relievers	1.6	0.4	1.6
Tranquilizers	0.7	0.2	0.7
Stimulants	0.6	0.2	0.6
Methamphetamine	0.3	0.2	0.3
Sedatives	0.1	0.1	0.1
Any Illicit Drug Other Than Marijuana[2]	3.3	1.1	3.4

*Low precision; no estimate reported.

[1] Estimates in the total column are for all females aged 15 to 44, including those with unknown pregnancy status.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.22 Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 to 22, by College Enrollment Status: 1999 and 2000

Drug	Total[1]		COLLEGE ENROLLMENT STATUS			
			Full-Time Undergraduates		Other Persons Aged 18-22[2]	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[3]	18.5	18.3	18.8	18.4	18.3	18.2
Marijuana and Hashish	16.2	15.9	16.7	16.1	16.0	15.7
Cocaine	1.9	1.5	1.4	1.0	2.2	1.8
Crack	0.3[a]	0.2	0.1	0.1	0.5[a]	0.3
Heroin	0.2	0.1	0.0	0.1	0.2[a]	0.1
Hallucinogens	2.2	2.3	2.3	3.0	2.2	1.9
LSD	1.2	1.1	0.8	1.2	1.5[a]	1.0
PCP	0.1	0.1	0.0	0.0	0.2	0.1
Inhalants	0.8	0.7	0.8	0.7	0.8	0.6
Nonmedical Use of Any Psychotherapeutic[4]	4.2	4.2	3.7	3.7	4.5	4.4
Pain Relievers	3.0	3.1	2.6	2.7	3.2	3.4
Tranquilizers	1.1	1.1	0.8	0.9	1.3	1.2
Stimulants	1.2	0.9	1.1	0.8	1.2	1.0
Methamphetamine	0.5	0.4	0.4	0.2	0.6	0.5
Sedatives	0.2	0.1	0.1	0.1	0.3[a]	0.1
Any Illicit Drug Other Than Marijuana[3]	6.9	6.9	6.2	6.7	7.2	7.0

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Estimates in the total column are for all persons aged 18 to 22, including those with unknown enrollment status.
[2] Other persons include respondents aged 18 to 22 not enrolled in school, enrolled in college part time, enrolled in other grades either full or part time, or enrolled with no other information available.
[3] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[4] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.23 Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 or Older, by Probation Status: 1999 and 2000

Drug	Total[1]		PROBATION STATUS DURING THE PAST YEAR			
			On Probation		Not on Probation	
	1999	2000	1999	2000	1999	2000
Any Illicit Drug[2]	5.8	5.9	28.0	24.2	5.4	5.5
Marijuana and Hashish	4.4	4.5	21.7	18.6	4.1	4.3
Cocaine	0.7[a]	0.5	5.7	4.7	0.6[a]	0.5
Crack	0.2	0.1	3.8	2.6	0.1	0.1
Heroin	0.1	0.1	0.3	0.8	0.1	0.0
Hallucinogens	0.3	0.4	2.0	2.4	0.3	0.3
LSD	0.2	0.1	1.1	1.5	0.2	0.1
PCP	0.0	0.0	0.2	0.1	0.0	0.0
Inhalants	0.2	0.2	0.9	1.1	0.2	0.2
Nonmedical Use of Any Psychotherapeutic[3]	1.7	1.6	9.7	7.9	1.5	1.5
Pain Relievers	1.1	1.1	5.6	5.2	1.0	1.0
Tranquilizers	0.5	0.4	4.5	3.1	0.4	0.4
Stimulants	0.4	0.3	2.1	2.3	0.4	0.3
Methamphetamine	0.2	0.2	1.6	1.6	0.2	0.1
Sedatives	0.1	0.1	0.4	0.3	0.1	0.1
Any Illicit Drug Other Than Marijuana[2]	2.5	2.3	14.0	13.0	2.3	2.1

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Estimates in the total column are for all persons aged 18 or older, including those with unknown probation status.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.24 Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 18 or Older, by Parole/Supervised Release Status: 2000

Drug	Total[1]	PAROLE/SUPERVISED RELEASE DURING THE PAST YEAR[2]	
		Yes	No
Any Illicit Drug[3]	5.9	21.6	5.8
Marijuana and Hashish	4.5	13.1	4.5
Cocaine	0.5	4.2	0.5
Crack	0.1	1.9	0.1
Heroin	0.1	2.7	0.0
Hallucinogens	0.4	1.7	0.3
LSD	0.1	1.0	0.1
PCP	0.0	0.6	0.0
Inhalants	0.2	1.2	0.2
Nonmedical Use of Any Psychotherapeutic[4]	1.6	7.6	1.5
Pain Relievers	1.1	3.3	1.1
Tranquilizers	0.4	1.2	0.4
Stimulants	0.3	*	0.3
Methamphetamine	0.2	*	0.2
Sedatives	0.1	*	0.1
Any Illicit Drug Other Than Marijuana[3]	2.3	14.1	2.2

*Low precision; no estimate reported.

[1] Estimates in the total column are for persons aged 18 or older, including those with unknown parole/supervised release status.
[2] Respondents were asked if they were on parole, supervised release, or other conditional release from prison during the past year.
[3] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[4] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000.

Table F.25 Percentages Reporting the Number of Days Used Marijuana in the Past Year Among Past Year Users and the Number of Days Used Marijuana in the Past Month Among Past Month Users, by Age Group: 1999 and 2000

Frequency of Use	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
Number of Days Used in Past Year Among Past Year Users								
1-11	36.1	34.1	38.2	36.2	33.5	32.8	37.4	34.4
12-49	21.7	20.4	23.1	21.5	19.6	19.4	22.8	20.8
50-99	10.6	10.8	11.5	11.3	10.6	10.4	10.4	10.9
100-299	21.4	23.0	19.5[b]	22.6	22.8	23.4	21.0	22.9
300 or More	10.2[a]	11.7	7.8	8.5	13.6	14.0	8.4[a]	11.1
Number of Days Used in Past Month Among Past Month Users								
1-2	28.9	27.3	32.8	30.6	25.9	25.5	30.1	27.6
3-5	19.9	20.0	21.3	22.1	17.8	17.7	21.3	21.0
6-19	21.5	22.4	23.6	23.5	22.3	24.0	20.2	20.8
20 or More	29.6	30.4	22.4	23.8	33.9	32.8	28.5	30.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.26 Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 12 to 17, by Past Month Cigarette Use: 1999 and 2000

Drug	CIGARETTE USE IN PAST MONTH			
	Any Use		No Use	
	1999	2000	1999	2000
Any Illicit Drug[1]	38.5[b]	42.7	4.7	4.6
Marijuana and Hashish	34.1[b]	37.5	2.5	2.5
Cocaine	2.9	3.8	0.1	0.1
Crack	0.3	0.6	0.0	0.0
Heroin	0.7	0.5	0.1	*
Hallucinogens	5.3	6.4	0.4	0.3
LSD	3.2	3.1	0.2	0.1
PCP	0.6	0.4	0.0	0.0
Inhalants	3.2	3.6	0.7	0.5
Nonmedical Use of Any Psychotherapeutic[2]	8.8[a]	10.5	1.8	1.8
Pain Relievers	6.1[a]	7.7	1.4	1.5
Tranquilizers	2.5	2.5	0.2	0.2
Stimulants	2.9	3.8	0.3	0.3
Methamphetamine	1.2	1.6	0.1	0.1
Sedatives	0.7	0.7	0.1	0.1
Any Illicit Drug Other Than Marijuana[1]	14.9[b]	18.2	2.7	2.5

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[2] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.27 Percentages Reporting Past Month Use of Illicit Drugs Among Persons Aged 12 to 17, by Levels of Past Month Alcohol Use: 1999 and 2000

Drug	LEVEL OF ALCOHOL USE IN PAST MONTH							
	Heavy Use[1]		"Binge" Use But Not Heavy Use[1]		Use But Not "Binge" Use[1]		No Use	
	1999	2000	1999	2000	1999	2000	1999	2000
Any Illicit Drug[2]	64.5	65.5	38.7	41.2	20.2	20.4	4.7	4.2
Marijuana and Hashish	58.3	58.5	33.5	35.3	16.0	15.1	2.6	2.4
Cocaine	8.9	10.6	2.5	2.3	1.0[a]	0.2	0.1	0.1
Crack	1.9	1.9	0.4	0.3	0.0	0.1	*	0.0
Heroin	2.0	1.1	0.9	0.4	0.0	0.1	0.1[a]	0.0
Hallucinogens	13.3	14.1	5.8	4.4	1.3[a]	2.7	0.3	0.3
LSD	9.8	8.7	3.2[a]	1.8	0.6	0.7	0.2	0.1
PCP	2.4[a]	0.7	0.6	0.4	*	0.2	0.0	0.0
Inhalants	7.1	6.9	3.4	2.6	2.3	2.6	0.6	0.5
Nonmedical Use of Any Psychotherapeutic[3]	19.8	20.6	8.7	10.2	4.1	5.3	1.7	1.6
Pain Relievers	14.1	16.6	6.8	7.5	2.8	3.7	1.3	1.3
Tranquilizers	6.6	5.0	1.6	2.1	0.7	0.8	0.2	0.2
Stimulants	6.2	5.9	2.5	3.7	1.3	1.6	0.3	0.3
Methamphetamine	2.9	2.6	1.0	1.8	0.3	0.3	0.1	0.1
Sedatives	1.3	1.4	0.5	0.6	0.1	0.2	0.1	0.1
Any Illicit Drug Other Than Marijuana[2]	32.8	36.8	15.4	15.4	7.2	8.9	2.5	2.3

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant, or sedative; does not include over-the-counter drugs.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.28 Percentages Reporting Driving Under the Influence of Any Illicit Drug or Alcohol in the Past Year Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	DROVE UNDER THE INFLUENCE IN PAST YEAR					
	Any Illicit Drug		Alcohol		Any Illicit Drug or Alcohol	
	1999	2000	1999	2000	1999	2000
TOTAL	3.4[a]	3.1	10.9[b]	10.0	11.6[b]	10.7
AGE						
12-17	3.1	3.1	3.5	3.3	4.5	4.3
18-25	11.9[b]	10.7	21.9[b]	19.9	24.0[b]	21.8
26 or Older	2.1	1.8	10.1[a]	9.2	10.5[a]	9.7
GENDER						
Male	4.9[a]	4.3	15.5[b]	14.0	16.4[b]	14.9
Female	2.1	2.0	6.7	6.3	7.2	6.9
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	3.6	3.3	12.3[a]	11.3	13.0[a]	12.1
Black Only	2.9	2.9	7.2	6.5	7.6	7.0
American Indian or Alaska Native Only	5.7	4.7	7.7	9.1	9.9	10.0
Native Hawaiian or Other Pacific Islander	*	0.9	*	4.5	*	4.5
Asian Only	1.5	0.8	5.4	4.7	5.8	4.8
More Than One Race	5.9	7.4	9.6	9.5	10.6	11.2
Hispanic	3.1	2.5	7.3	7.0	8.0	7.4

*Low precision; no estimate reported.

NOTE: Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.29 Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Tobacco and Alcohol Among Persons Aged 12 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Tobacco[1]	159,114	157,518	79,795	78,162	66,776	65,489
Cigarettes	150,715	148,377	66,636	65,009	56,962	55,667
Smokeless Tobacco	42,213	41,412	10,292	9,988	7,570	7,582
Cigars	78,613	76,377	26,034[b]	23,355	12,136[b]	10,712
Pipes[2]	39,222[a]	36,726	--	--	2,402	2,131
Alcohol	179,788	180,781	137,741	138,179	102,711	104,092
"Binge" Alcohol Use[3]	--	--	--	--	44,681	46,049
Heavy Alcohol Use[3]	--	--	--	--	12,552	12,554

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.30 Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 12 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Tobacco[1]	72.0[b]	70.5	36.1[a]	35.0	30.2	29.3
Cigarettes	68.2[b]	66.5	30.1[a]	29.1	25.8	24.9
Smokeless Tobacco	19.1	18.5	4.7	4.5	3.4	3.4
Cigars	35.6[a]	34.2	11.8[b]	10.5	5.5[b]	4.8
Pipes[2]	17.7[b]	16.4	--	--	1.1	1.0
Alcohol	81.3	81.0	62.3	61.9	46.4	46.6
"Binge" Alcohol Use[3]	--	--	--	--	20.2	20.6
Heavy Alcohol Use[3]	--	--	--	--	5.7	5.6

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.2B)

Table F.31 Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 12 to 17: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Tobacco[1]	40.6[b]	38.0	27.2[b]	24.3	17.3[b]	15.6
Cigarettes	37.1[b]	34.6	23.4[b]	20.8	14.9[b]	13.4
Smokeless Tobacco	9.8[b]	8.6	4.6	4.4	2.3	2.1
Cigars	19.6[b]	17.1	12.6[b]	10.3	5.4[b]	4.5
Pipes[2]	3.4[a]	2.9	--	--	0.7	0.8
Alcohol	42.9[a]	41.7	34.1	33.0	16.5	16.4
"Binge" Alcohol Use[3]	--	--	--	--	10.1	10.4
Heavy Alcohol Use[3]	--	--	--	--	2.4	2.6

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.32 Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 18 to 25: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Tobacco[1]	73.6[a]	72.1	54.5[b]	52.2	44.6[a]	42.9
Cigarettes	68.9[a]	67.3	47.5[a]	45.8	39.7[a]	38.3
Smokeless Tobacco	25.8[b]	23.6	9.2[b]	8.0	5.7[b]	5.0
Cigars	43.9[a]	42.3	25.0[b]	21.9	11.5[b]	10.4
Pipes[2]	9.7[b]	8.2	--	--	1.3	1.2
Alcohol	83.9	84.0	74.8	74.5	57.2	56.8
"Binge" Alcohol Use[3]	--	--	--	--	37.9	37.8
Heavy Alcohol Use[3]	--	--	--	--	13.3	12.8

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.33 Percentages Reporting Lifetime, Past Year, and Past Month Use of Tobacco and Alcohol Among Persons Aged 26 or Older: 1999 and 2000

Drug	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Any Tobacco[1]	76.0[a]	74.7	34.2	33.6	29.5	28.9
Cigarettes	72.3[b]	70.7	28.1	27.4	24.9	24.2
Smokeless Tobacco	19.2	19.1	3.9	3.9	3.2	3.3
Cigars	36.3	35.2	9.5[a]	8.6	4.5[a]	3.9
Pipes[2]	21.1[a]	19.7	--	--	1.1	0.9
Alcohol	86.1	85.8	64.0	63.7	48.7	49.0
"Binge" Alcohol Use[3]	--	--	--	--	18.6	19.1
Heavy Alcohol Use[3]	--	--	--	--	4.9	4.8

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco. Any tobacco use in the past year does not include use of pipe tobacco.
[2] Information about past year use of pipe tobacco was not collected.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.20B)

Table F.34 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes, by Detailed Age Categories: 1999 and 2000

Age Category	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
Total	68.2[b]	66.5	30.1[a]	29.1	25.8	24.9
12	11.3	10.3	5.1	4.5	2.1	1.8
13	21.9[b]	18.7	13.4[b]	9.5	5.9	4.9
14	34.6[b]	29.5	20.5[b]	16.8	11.4[b]	8.7
15	44.0	43.9	27.6	25.6	17.3	15.5
16	51.6	50.5	33.6	32.0	23.7	22.2
17	58.0	55.6	39.5	37.5	28.7	28.4
18	63.4	62.4	47.1	44.2	37.4	36.0
19	69.9[a]	66.6	51.0	49.0	42.5	40.2
20	69.2	68.8	52.3	49.5	43.4	41.4
21	70.6	69.4	49.1	49.3	42.2	40.4
22	70.0	69.2	45.9	46.9	37.1	39.8
23	71.8	69.0	48.6	44.9	42.1[a]	38.3
24	69.3	67.8	44.6	43.6	37.9	37.1
25	68.5	66.5	39.5	38.2	34.0	32.7
26-29	70.7	68.9	39.2	38.2	33.1	31.9
30-34	71.2	69.8	33.9	32.6	30.3[a]	28.0
35-39	75.0[a]	71.3	33.3	33.0	30.4	29.7
40-44	76.5	74.0	35.3	31.7	32.1[a]	28.3
45-49	73.6	73.0	31.6	29.5	27.9	26.6
50-54	77.2	74.8	28.6	31.7	24.9	29.2
55-59	75.2	75.1	26.9	26.6	24.2	22.6
60-64	70.8	71.5	18.6	21.3	16.1	19.1
65 or Older	64.9	62.9	12.5	10.9	10.7	9.8

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.30B)

Table F.35 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	68.2[b]	66.5	30.1[a]	29.1	25.8	24.9
AGE						
12-17	37.1[b]	34.6	23.4[b]	20.8	14.9[b]	13.4
18-25	68.9[a]	67.3	47.5[a]	45.8	39.7[a]	38.3
26 or Older	72.3[b]	70.7	28.1	27.4	24.9	24.2
GENDER						
Male	73.7[b]	71.9	33.1[a]	31.6	28.3	26.9
Female	63.1[a]	61.4	27.4	26.8	23.4	23.1
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	73.0[b]	71.4	31.4[a]	30.2	27.0	25.9
Black Only	56.2	54.9	25.8	26.7	22.5	23.3
American Indian or Alaska Native Only	73.6	72.8	42.6	45.7	36.0	42.3
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	43.1	38.8	20.2	18.8	16.7	16.5
More Than One Race	66.4	62.3	33.5	36.1	29.8	32.3
Hispanic	55.4	54.0	28.3	26.1	22.6	20.7

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.31B)

Table F.36 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	37.1[b]	34.6	23.4[b]	20.8	14.9[b]	13.4
GENDER						
Male	37.8[b]	34.5	23.4[b]	20.0	14.8[b]	12.8
Female	36.3	34.8	23.4[a]	21.8	15.0	14.1
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	40.3[b]	38.1	26.0[b]	23.6	17.1[a]	16.0
Black Only	27.5[a]	24.4	15.8[b]	11.6	8.6[b]	6.1
American Indian or Alaska Native Only	52.9	*	36.5	36.8	26.8	27.5
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	24.0	23.6	14.9	13.9	8.6	8.4
More Than One Race	38.4	33.7	22.3	20.3	16.0	10.2
Hispanic	34.0[a]	31.2	20.6	18.7	12.1	10.2
GENDER/RACE/HISPANIC ORIGIN						
Male - White	40.2[b]	37.3	25.4[b]	22.0	16.3[a]	14.7
Female - White	40.5	38.9	26.7	25.3	17.9	17.3
Male - Black	31.4[b]	25.3	17.4[a]	13.0	10.2[a]	7.4
Female - Black	23.6	23.4	14.1[b]	10.2	6.9	4.9
Male - Hispanic	35.3	32.7	21.1	19.3	12.4	10.6
Female - Hispanic	32.7	29.6	20.0	18.1	11.8	9.9

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.37 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	68.9[a]	67.3	47.5[a]	45.8	39.7[a]	38.3
GENDER						
Male	73.3[b]	70.2	51.4[a]	49.3	43.5[a]	41.6
Female	64.6	64.5	43.6	42.4	35.9	35.0
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	75.2	74.1	53.6[a]	51.9	45.3	43.9
Black Only	53.0	50.2	32.1	31.5	25.3	25.9
American Indian or Alaska Native Only	69.8[a]	82.3	55.1	*	47.5	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	48.7	41.9	30.8	27.4	24.7	22.0
More Than One Race	76.4	78.9	52.1	61.9	42.8[a]	54.9
Hispanic	60.3	57.6	38.0	34.5	30.9[b]	26.5
ADULT EDUCATION						
< High School	70.6	68.9	54.8	51.9	47.1	45.0
High School Graduate	69.0	68.3	48.8	47.8	41.9	40.9
Some College	68.4	66.3	45.0	43.8	36.4	35.3
College Graduate	67.1	64.4	37.4	34.6	28.4	26.2
CURRENT EMPLOYMENT						
Full-Time	72.4	71.6	49.5	49.2	42.1	41.7
Part-Time	67.3[b]	63.6	46.6[b]	42.0	37.3[b]	33.3
Unemployed	69.6	71.9	51.4[a]	57.4	45.8[a]	50.9
Other[1]	61.0	58.3	41.9[b]	37.5	33.9[a]	30.8

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.33B)

Table F.38 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	72.3[b]	70.7	28.1	27.4	24.9	24.2
GENDER						
Male	79.1	77.7	31.3	30.1	27.6	26.4
Female	66.2[a]	64.3	25.3	25.0	22.5	22.3
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	76.6[a]	75.0	28.8	27.7	25.5	24.5
Black Only	62.1	61.6	26.3	28.4	24.4	25.9
American Indian or Alaska Native Only	*	*	41.6	*	35.7	*
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	45.2	40.4	18.9	18.0	16.4	16.8
More Than One Race	71.8	66.8	31.6	34.4	30.2	33.3
Hispanic	58.5	57.6	27.3	25.3	22.6	21.2
ADULT EDUCATION						
< High School	66.4	66.2	33.0	33.0	29.7	29.8
High School Graduate	72.7	71.6	33.0	32.1	29.7	29.3
Some College	76.4	74.3	29.4	29.5	26.7	25.9
College Graduate	72.2[a]	69.3	16.9	16.3	13.3	13.0
CURRENT EMPLOYMENT						
Full-Time	75.4[b]	73.2	31.9	30.5	28.3	26.9
Part-Time	70.9	70.0	24.0	25.6	21.0	23.0
Unemployed	76.5	76.4	46.2	45.5	43.0	40.6
Other[1]	66.5	65.4	21.0	20.7	18.4	18.4

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.39 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	71.8[b]	70.2	30.9	30.1	27.0	26.3
GENDER						
Male	78.2[a]	76.6	34.3	33.0	30.0	28.7
Female	66.0[a]	64.3	27.8	27.4	24.3	24.0
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	76.4[b]	74.9	32.0	30.9	28.0	27.0
Black Only	60.4	59.5	27.3	29.0	24.5	25.9
American Indian or Alaska Native Only	76.2	*	43.4	47.0	37.2	44.5
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	45.8	40.7	20.9	19.4	17.8	17.5
More Than One Race	72.8	69.2	36.1	39.9	33.0	37.6
Hispanic	58.8	57.6	29.6	27.3	24.3	22.3
ADULT EDUCATION						
< High School	67.1	66.6	36.5	36.2	32.5	32.4
High School Graduate	72.2	71.1	35.3	34.5	31.5	31.1
Some College	74.8	72.8	32.4	32.2	28.6	27.7
College Graduate	71.8[a]	69.0	18.4	17.5	14.4	13.9
CURRENT EMPLOYMENT						
Full-Time	75.0[b]	73.0	34.2	33.0	30.1	28.8
Part-Time	69.9	68.2	30.5	30.3	25.7	26.0
Unemployed	74.3	74.8	47.9	49.6	43.9	44.2
Other[1]	66.0	64.8	23.0	22.3	19.9	19.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.55B)

Table F.40 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Racial/Ethnic Subgroups: Annual Averages Based on 1999 and 2000 NHSDAs

Racial/Ethnic Subgroup[1]	TIME PERIOD		
	Lifetime	Past Year	Past Month
NOT HISPANIC			
White	72.2	30.8	26.5
Black	55.5	26.3	22.9
American Indian or Alaska Native	73.2	44.1	39.1
Native Hawaiian	*	*	*
Other Pacific Islander	*	*	*
Chinese	35.2	15.8	13.4
Filipino	43.5	20.7	17.3
Japanese	59.9	25.5	23.7
Asian Indian	33.8	13.7	12.4
Korean	53.2	28.6	27.0
Vietnamese	39.1	24.3	21.0
HISPANIC			
Mexican	55.2	27.1	21.7
Puerto Rican	55.0	31.5	26.8
Central or South American	52.9	26.4	19.4
Cuban	56.1	24.7	19.4

*Low precision; no estimate reported.

[1] This table is not an exhaustive summary of all racial/ethnic subgroups. Respondents who reported a racial/ethnic subgroup that is rare in the United States, or who reported more than one racial/ethnic subgroup, are not included.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

170

10703 (2.75B)

Table F.41 Percentages Reporting Lifetime, Past Year, and Past Month Use of Cigarettes Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000

Geographic Characteristic	TIME PERIOD					
	Lifetime		Past Year		Past Month	
	1999	2000	1999	2000	1999	2000
TOTAL	68.2[b]	66.5	30.1[a]	29.1	25.8	24.9
GEOGRAPHIC DIVISION						
Northeast	66.7	66.3	29.6	27.9	25.2	23.8
New England	72.4	71.2	29.3	28.7	24.0	24.6
Middle Atlantic	64.7	64.5	29.7	27.6	25.7	23.5
Midwest	70.9[a]	68.6	32.7[a]	30.7	28.3[a]	26.4
East North Central	69.7	68.2	32.6	30.7	28.2[a]	26.3
West North Central	73.6[a]	69.6	33.1	30.7	28.6	26.7
South	68.5[a]	66.7	30.7	29.9	26.3	25.6
South Atlantic	69.7[b]	66.6	29.5	30.1	25.2	25.7
East South Central	71.0	67.4	34.4	30.6	30.4	26.9
West South Central	65.2	66.3	30.5	29.3	26.0	24.8
West	66.0	64.0	26.9	27.2	22.6	23.3
Mountain	70.0	67.5	28.0	27.5	24.3	23.7
Pacific	64.3	62.6	26.5	27.1	21.9	23.1
COUNTY TYPE						
Large Metro	66.2[b]	64.0	28.4	27.6	24.2	23.5
Small Metro	70.0	68.5	31.7	30.1	26.9	25.8
250K - 1 Mil. Pop.	69.8	68.8	31.0	30.0	26.5	26.0
<250K Pop.	70.6	67.9	34.0[a]	30.5	27.9	25.3
Nonmetro	70.2	69.2	32.1	31.3	27.9	26.9
Urbanized	70.5	71.1	32.6	31.3	28.5	26.5
Less Urbanized	70.4	68.6	32.5	31.3	28.3	27.0
Completely Rural	68.3	67.4	29.5	31.2	24.7	27.4

•Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.24B)

Table F.42 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use, by Detailed Age Categories: 1999 and 2000

Age Category	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
Total	46.4	46.6	20.2	20.6	5.7	5.6
12	2.5	2.4	1.1	1.0	0.2	0.1
13	6.1	6.7	2.5	3.0	0.3	0.3
14	11.9	11.1	6.4	6.0	1.1	1.0
15	19.1	20.4	11.7	12.6	2.2	2.5
16	26.9	26.4	17.3	17.9	4.4	4.9
17	32.5	32.1	21.5	22.9	6.4	7.3
18	42.3	42.1	29.9	30.9	10.0	10.3
19	52.2	50.0	36.3	34.8	13.3	13.6
20	53.9	55.6	38.4	38.5	16.0	14.2
21	65.9	65.2	44.9	45.2	17.4	16.7
22	64.6	64.1	42.1	41.7	14.4	13.8
23	63.7	62.6	39.7	39.8	13.3	14.1
24	61.0	61.2	38.4	38.3	12.4	10.4
25	60.0	59.0	35.8	35.1	9.1	9.8
26-29	59.0	59.2	31.1	33.3	8.4	8.9
30-34	56.1	57.6	27.9	28.0	6.8	6.6
35-39	55.9	56.0	24.5	25.0	6.7	6.2
40-44	54.5	53.9	22.0	21.9	6.3	5.4
45-49	51.8	50.8	20.6	18.6	6.0	4.8
50-54	49.7	50.8	16.4	18.4	4.1	4.9
55-59	47.1	45.8	13.9	15.8	2.1[b]	4.8
60-64	41.3	43.2	10.9	11.3	2.4	1.6
65 or Older	31.5	32.0	5.4	6.1	1.4	1.5

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.43 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	46.4	46.6	20.2	20.6	5.7	5.6
AGE						
12-17	16.5	16.4	10.1	10.4	2.4	2.6
18-25	57.2	56.8	37.9	37.8	13.3	12.8
26 or Older	48.7	49.0	18.6	19.1	4.9	4.8
GENDER						
Male	53.2	53.6	28.1	28.3	9.2	8.7
Female	40.2	40.2	12.9	13.5	2.4	2.7
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	50.3	50.7	21.1	21.2	6.2	6.2
Black Only	34.3	33.7	16.3	17.7	3.6	4.0
American Indian or Alaska Native Only	33.9	35.1	20.0	26.2	5.8	7.2
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	30.7	28.0	10.8	11.6	2.5	1.4
More Than One Race	41.4	41.6	20.2	17.5	7.7	5.2
Hispanic	38.6	39.8	21.7	22.7	5.4	4.4

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.44 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 to 17, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	16.5	16.4	10.1	10.4	2.4	2.6
GENDER						
Male	16.7	16.2	11.3	11.2	3.0	3.2
Female	16.3	16.5	8.9	9.6	1.8	2.0
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	18.2	18.4	11.5	11.9	2.9	3.1
Black Only	9.7	8.8	4.9	4.4	0.7	0.8
American Indian or Alaska Native Only	19.4	19.0	14.8	12.8	4.6	2.9
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	11.8[a]	7.1	4.4	4.0	0.5	0.9
More Than One Race	14.3	16.7	7.8	11.4	2.4	3.0
Hispanic	16.9	16.8	10.4	11.0	2.1	2.7
GENDER/RACE/HISPANIC ORIGIN						
Male - White	18.3	18.2	12.8	12.9	3.6	3.7
Female - White	18.2	18.6	10.1	10.9	2.2	2.5
Male - Black	10.2	8.3	5.1	4.6	1.0	1.2
Female - Black	9.2	9.4	4.6	4.2	0.4	0.4
Male - Hispanic	17.1	16.8	12.1	11.5	2.8	3.4
Female - Hispanic	16.8	16.8	8.6	10.4	1.4	1.9

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.52B)

Table F.45 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 18 to 25, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	57.2	56.8	37.9	37.8	13.3	12.8
GENDER						
Male	63.9	62.5	48.2	47.2	19.7	18.4
Female	50.7	51.3	27.8	28.6	6.9	7.4
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	63.3	63.3	43.4	43.0	15.9	16.1
Black Only	43.4	43.9	23.7	24.5	6.1	5.6
American Indian or Alaska Native Only	48.1	*	38.3	33.0	9.9	10.1
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	42.9	39.4	18.1	18.8	6.2	3.5
More Than One Race	57.0	59.1	35.7	38.6	14.2	13.5
Hispanic	46.7	44.7	31.6	31.9	9.8[a]	7.5
ADULT EDUCATION						
< High School	44.8	44.3	33.4	33.5	10.3	10.1
High School Graduate	52.8	52.2	36.1	36.0	12.6	12.0
Some College	64.2	64.0	40.9	41.8	16.0	15.4
College Graduate	73.9	74.4	43.1	40.8	12.8	13.5
CURRENT EMPLOYMENT						
Full-Time	61.8	61.7	41.0	40.9	14.0	13.4
Part-Time	57.3	55.7	37.7	36.9	13.7	13.0
Unemployed	50.8	51.3	35.8	38.4	10.9	14.1
Other[1]	46.5	45.8	30.2	30.0	11.2	10.5

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.53B)

Table F.46 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 26 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	48.7	49.0	18.6	19.1	4.9	4.8
GENDER						
Male	56.7	57.5	27.0	27.5	8.2	7.8
Female	41.6	41.4	11.1	11.5	1.8	2.1
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	52.2	52.7	18.9	19.1	5.1	5.2
Black Only	36.7	36.0	16.8	18.7	3.5	4.2
American Indian or Alaska Native Only	33.8	*	17.9	*	5.3	7.4
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	31.5	29.0	10.3	11.4	2.0	1.1
More Than One Race	45.1	44.7	19.6	14.0	*	3.8
Hispanic	40.9	43.3	21.3	22.6	4.9	4.0
ADULT EDUCATION						
< High School	31.3	31.7	17.3	18.6	5.1	5.0
High School Graduate	45.0	44.4	20.4	20.7	5.7	5.7
Some College	53.9	53.0	19.7	19.8	5.2	4.5
College Graduate	61.7	62.3	16.2	16.9	3.1	3.9
CURRENT EMPLOYMENT						
Full-Time	55.8	56.6	23.9	24.4	6.3	6.1
Part-Time	51.3	49.2	14.8	14.0	2.6	3.5
Unemployed	54.0	48.0	29.6	25.8	13.9[a]	6.6
Other[1]	33.9	33.9	9.0	9.8	2.2	2.5

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.47 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 18 or Older, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	50.0	50.2	21.4	21.8	6.1	6.0
GENDER						
Male	57.8	58.3	30.2	30.5	10.0	9.4
Female	42.8	42.7	13.4	13.9	2.5	2.8
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	53.7	54.0	22.1	22.2	6.5	6.6
Black Only	37.9	37.4	18.0	19.7	4.0	4.5
American Indian or Alaska Native Only	35.7	37.6	20.6	28.3	6.0	7.9
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	33.4	30.6	11.6	12.5	2.7	1.4
More Than One Race	47.7	47.6	23.1	18.9	8.9	5.7
Hispanic	42.2	43.6	23.5	24.6	5.9	4.7
ADULT EDUCATION						
< High School	33.5	33.9	19.9	21.1	5.9	5.9
High School Graduate	46.2	45.6	22.8	23.0	6.8	6.7
Some College	55.9	55.1	23.7	23.9	7.3	6.6
College Graduate	62.6	63.2	18.1	18.6	3.8	4.5
CURRENT EMPLOYMENT						
Full-Time	56.5	57.3	26.1	26.6	7.3	7.1
Part-Time	53.0	51.1	21.4	20.6	5.8	6.2
Unemployed	52.9	49.1	31.6	30.1	13.0	9.2
Other[1]	35.1	35.0	11.0	11.7	3.0	3.2

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Retired, disabled, homemaker, student, or "other."

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (2.102B)

Table F.48 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 to 20, by Demographic Characteristics: 1999 and 2000

Demographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	27.7	27.5	18.5	18.7	6.0	6.0
GENDER						
Male	29.0	28.6	21.5	21.3	8.1	7.9
Female	26.4	26.4	15.4	15.9	3.9	4.1
HISPANIC ORIGIN AND RACE						
Not Hispanic						
White Only	30.8	30.7	21.5	21.4	7.3	7.5
Black Only	18.4	18.6	10.1	10.3	2.3	2.1
American Indian or Alaska Native Only	27.4	29.3	22.4	20.3	4.4	4.4
Native Hawaiian or Other Pacific Islander	*	*	*	*	*	*
Asian Only	19.8[b]	13.5	6.8	7.9	1.7	1.5
More Than One Race	27.0	25.5	16.2	17.3	6.7	5.8
Hispanic	24.7	24.8	16.1	17.2	4.7	4.4
GENDER/RACE/HISPANIC ORIGIN						
Male - White	31.6	31.6	24.6	24.1	9.7	9.7
Female - White	30.0	29.8	18.2	18.5	4.9	5.1
Male - Black	20.9	19.6	12.0	11.9	3.5	3.2
Female - Black	15.8	17.6	8.2	8.7	1.1	1.0
Male - Hispanic	27.5	26.4	20.1	20.1	6.9	6.0
Female - Hispanic	21.7	23.1	12.0	14.0	2.3	2.8

*Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.

[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.49 Percentages Reporting Past Month Alcohol Use, Past Month "Binge" Alcohol Use, and Past Month Heavy Alcohol Use Among Persons Aged 12 or Older, by Geographic Characteristics: 1999 and 2000

Geographic Characteristic	TYPE OF ALCOHOL USE					
	Any Alcohol Use		"Binge" Alcohol Use		Heavy Alcohol Use	
	1999	2000	1999	2000	1999	2000
TOTAL	46.4	46.6	20.2	20.6	5.7	5.6
GEOGRAPHIC DIVISION						
Northeast	50.7	52.4	21.2	22.2	5.5	5.7
New England	56.1	59.3	21.7	24.9	5.7	6.9
Middle Atlantic	48.8	49.9	21.1	21.2	5.4	5.2
Midwest	49.4	49.7	22.6	22.1	6.7	6.5
East North Central	48.5	49.4	22.1	22.8	6.6	6.6
West North Central	51.3	50.2	23.8[a]	20.6	7.0	6.4
South	41.1	40.9	18.6	18.9	5.4	5.3
South Atlantic	43.2	43.2	17.3	18.8	4.8	5.2
East South Central	32.8	33.7	17.2	16.8	5.2	4.5
West South Central	42.1	41.3	21.5	20.4	6.6	6.0
West	48.3	47.6	19.4	20.5	5.1	5.2
Mountain	49.2	50.3	20.7	22.1	5.5	6.3
Pacific	47.9	46.5	18.8	19.8	5.0	4.7
COUNTY TYPE						
Large Metro	49.6	50.1	20.0	21.2	5.2	5.2
Small Metro	45.4	45.5	20.5	21.2	6.2	6.6
250K - 1 Mil. Pop.	45.7	45.4	20.4	21.1	6.3	6.1
<250K Pop.	44.6	46.1	20.7	21.6	5.8[a]	8.0
Nonmetro	40.2	39.8	20.2[a]	18.3	6.2	5.3
Urbanized	42.8[a]	46.8	21.7	19.8	6.8[a]	5.3
Less Urbanized	39.5	37.2	20.0[a]	17.7	5.9	5.0
Completely Rural	37.3	35.6	17.4	17.5	6.2	6.9

•Low precision; no estimate reported.

NOTE: "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.50 Percentages Reporting Past Month Use of Tobacco and Alcohol Among Females Aged 15 to 44, by Pregnancy Status: Annual Averages Based on 1999 and 2000 Samples

Drug	Total[1]	PREGNANCY STATUS	
		Pregnant	Not Pregnant
Any Tobacco[2]	30.3	19.0	30.8
Cigarettes	29.3	18.6	29.8
Smokeless Tobacco	0.4	0.3	0.5
Cigars	2.6	1.0	2.6
Pipes	0.3	0.2	0.3
Alcohol	47.2	12.4	48.7
"Binge" Alcohol Use[3]	19.2	3.9	19.9
Heavy Alcohol Use[3]	3.9	0.7	4.1

*Low precision; no estimate reported.

[1] Estimates in the total column are for all females aged 15 to 44, including those with unknown pregnancy status.
[2] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.51 Percentages Reporting Past Month Use of Tobacco and Alcohol Among Persons Aged 18 to 22, by College Enrollment Status: 1999 and 2000

Drug	Total[1]		COLLEGE ENROLLMENT STATUS			
			Full-Time Undergraduates		Other Persons Aged 18-22[2]	
	1999	2000	1999	2000	1999	2000
Any Tobacco[3]	45.4	44.0	39.4[a]	36.5	48.5	48.0
Cigarettes	40.5	39.5	33.7	31.4	44.1	43.7
Smokeless Tobacco	5.9[b]	4.9	5.4	4.4	6.2[a]	5.2
Cigars	12.5	11.7	11.4	10.2	13.1	12.5
Pipes	1.5	1.3	1.4	1.4	1.6	1.3
Alcohol	55.1	54.7	62.7	62.0	51.0	50.8
"Binge" Alcohol Use[4]	37.9	37.8	42.9	41.4	35.3	35.9
Heavy Alcohol Use[4]	14.1	13.6	18.0	16.4	12.0	12.1

•Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Estimates in the total column are for all persons aged 18 to 22, including those with unknown enrollment status.
[2] Other persons include respondents aged 18 to 22 not enrolled in school, enrolled in college part time, enrolled in other grades either full or part time, or enrolled with no other information available.
[3] Use of any tobacco product indicates using at least once cigarettes, smokeless tobacco (i.e., chewing tobacco or snuff), cigars, or pipe tobacco.
[4] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other. Heavy Alcohol Use is defined as drinking five or more drinks on the same occasion on each of 5 or more days in the past 30 days; all Heavy Alcohol Users are also "Binge" Alcohol Users.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.52 Percentages Reporting the Number of Days Used Cigarettes in the Past Month Among Past Month Users and the Number of Cigarettes Smoked Per Day Among Daily Smokers, by Age Group: 1999 and 2000

Frequency of Use	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
Number of Days Used Cigarettes in Past Month Among Past Month Users								
1-2	10.1	10.8	24.5	24.4	13.7	14.1	7.9	8.9
3-5	6.4	6.4	14.2	15.2	8.9	8.7	5.1	5.1
6-19	9.5	9.5	16.2	17.6	12.7	11.7	8.1	8.3
20-29	9.4	8.8	12.2	11.0	12.7[a]	11.4	8.3	7.9
30	64.6	64.6	32.9	31.8	51.9[a]	54.1	70.5	69.9
Number of Cigarettes Smoked Per Day Among Daily Smokers								
Fewer Than 6	15.4	15.5	36.8[a]	31.2	19.7	18.4	13.7	14.4
6-15 (1/2 Pack)	29.6	28.7	37.6[a]	43.3	37.5	39.8	27.7	25.9
16-25 (1 Pack)	35.3	36.4	19.3	20.6	32.5	33.5	36.4	37.5
26 or More (More Than a Pack)	18.5	18.8	4.2	3.5	9.3	8.1	20.9	21.6
Not Reported	1.2[a]	0.6	2.1	1.4	1.0[b]	0.3	1.2	0.6

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.53 Percentages of Past Month Cigarette Smokers Reporting Cigarette Brands Used Most Often During the Past Month, by Age Group: 1999 and 2000

Cigarette Brand	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
Marlboro	40.7	41.2	54.5	54.8	56.7	56.8	35.3	36.0
Newport	9.2	9.5	21.6	23.4	15.6	16.6	6.5	6.5
Camel	6.0	6.2	9.8	10.0	11.3	12.1	4.3	4.3
Basic	5.0	4.9	1.1	1.6	2.0	1.9	6.1	6.0
Doral	4.5	4.6	1.3[a]	0.6	0.9	0.7	5.7	6.0
Winston	4.1	4.3	1.0	0.9	2.0	1.5	5.0	5.4
GPC	3.7	2.9	0.9	0.5	1.0[a]	0.7	4.6	3.7
Virginia Slims	2.7	2.9	0.5	0.4	0.7	0.4	3.4	3.8
Kool	2.8	2.8	1.4	0.9	1.3	1.3	3.3	3.4
Salem	2.4	2.8	0.3	0.5	0.5	0.5	3.0	3.6
Benson & Hedges	2.4	2.0	0.5	0.3	0.8	0.6	2.9	2.5
Merit	1.3	1.3	0.2	0.2	0.2	0.1	1.7	1.7
Misty	1.1	1.1	0.2	0.2	0.2	0.2	1.5	1.4
Capri	0.7	1.1	0.3	0.1	0.3	0.3	0.8[a]	1.4
Parliament	1.1	0.9	0.7	1.0	2.4	2.4	0.7	0.5
Carlton	0.8	0.6	*	*	0.0	0.0	1.1	0.9
All Other Brands	10.1	9.7	2.1	2.3	2.8	3.3	12.7	12.0
Unknown	1.3	1.1	3.5[a]	2.2	1.4[b]	0.7	1.2	1.0

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.1A)

Table F.54 Estimated Numbers (in Thousands) of Persons Who First Used Marijuana During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	553	212	267	20.4	9.2	12.4
1966	975	325	582	19.2	14.2	25.4
1967	1,385	465	813	19.5	20.4	34.5
1968	1,738	493	1,109	19.4	21.3	46.6
1969	2,123	781	1,171	19.0	33.1	50.0
1970	2,592	1,148	1,172	18.7	48.5	50.0
1971	2,789	1,163	1,287	18.7	49.3	55.5
1972	2,819	1,361	1,178	18.8	57.9	51.9
1973	2,854	1,437	1,025	18.6	61.2	47.3
1974	2,853	1,569	965	17.9	68.1	46.6
1975	2,874	1,546	986	18.3	67.6	48.6
1976	3,184	1,690	1,155	18.5	74.9	58.1
1977	3,163	1,756	1,086	18.3	80.0	56.2
1978	2,967	1,718	898	18.1	81.2	47.8
1979	2,859	1,673	896	18.1	82.2	48.3
1980	2,522	1,365	798	19.2	69.2	44.0
1981	1,867	1,040	620	17.9	52.9	34.5
1982	2,021	1,097	633	18.8	56.0	35.5
1983	1,865	1,056	573	18.2	53.5	32.3
1984	2,012	1,179	608	18.3	60.2	34.5
1985	1,865	1,080	629	18.1	56.2	35.7
1986	1,753	1,032	581	17.6	55.1	32.8
1987	1,588	919	569	17.6	49.8	32.4
1988	1,550	887	577	17.4	49.3	32.5
1989	1,447	825	490	17.7	46.2	27.5
1990	1,407	774	494	18.3	43.1	27.9
1991	1,485	818	528	18.0	44.7	29.9
1992	1,599	949	558	16.7	50.4	31.8
1993	1,954	1,185	602	17.2	61.5	34.6
1994	2,187	1,380	674	16.7	70.6	39.4
1995	2,357	1,521	716	16.5	78.2	42.7
1996	2,590	1,690	736	17.1	87.6	45.3
1997	2,494	1,667	684	17.0	86.5	43.5
1998	2,488	1,635	679	17.4	85.2	44.1
1999[2]	2,028	1,392	496	17.0	73.0	31.7

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.2A)

Table F.55 Estimated Numbers (in Thousands) of Persons Who First Used Cocaine During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	*	*	*	*	*	*
1966	*	*	*	*	*	*
1967	69	*	57	19.2	*	2.2
1968	137	33	94	19.1	1.4	3.5
1969	205	*	155	19.7	*	5.7
1970	307	*	224	21.3	*	7.8
1971	319	100	178	20.6	3.9	6.0
1972	451	67	348	20.3	2.6	11.4
1973	384	134	235	19.5	5.1	7.8
1974	605	152	379	21.2	5.7	12.6
1975	771	155	510	21.5	5.8	16.8
1976	813	166	508	21.1	6.3	16.4
1977	1,033	257	597	20.8	10.0	19.2
1978	1,115	227	695	21.5	9.0	22.4
1979	1,105	170	701	21.8	7.0	22.5
1980	1,234	249	706	22.0	10.5	22.7
1981	1,143	184	759	21.8	8.0	24.4
1982	1,225	204	771	22.2	9.0	25.1
1983	1,467	249	872	22.5	11.1	29.0
1984	1,194	204	766	21.7	9.2	26.1
1985	1,123	217	641	22.3	9.9	22.5
1986	994	243	525	22.7	11.3	18.7
1987	1,049	203	607	22.3	9.7	22.1
1988	827	179	491	22.1	8.8	18.0
1989	713	175	388	22.3	8.8	14.4
1990	687	100	376	23.1	5.0	14.2
1991	531	92	284	23.7	4.6	10.8
1992	541	118	290	22.9	5.7	11.2
1993	576	134	306	22.6	6.2	11.9
1994	550	153	275	21.9	6.9	10.8
1995	654	192	367	20.9	8.5	14.5
1996	701	247	350	20.5	10.8	14.1
1997	790	301	418	19.6	13.0	16.9
1998	882	339	444	19.9	14.5	17.9
1999[2]	768	275	410	19.5	11.8	16.3

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.56 Estimated Numbers (in Thousands) of Persons Who First Used Heroin During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	*	*	*	*	*	*
1966	*	*	*	*	*	*
1967	54	44	*	16.6	1.9	*
1968	53	*	*	15.9	*	*
1969	83	*	*	19.2	*	*
1970	107	38	69	18.3	1.5	2.4
1971	69	13	56	19.1	0.5	1.9
1972	87	*	53	20.2	*	1.7
1973	77	17	44	21.4	0.7	1.4
1974	96	*	72	20.6	*	2.3
1975	148	*	119	23.3	*	3.8
1976	156	42	75	20.9	1.6	2.3
1977	144	*	112	22.6	*	3.4
1978	67	*	44	22.4	*	1.3
1979	151	*	100	24.3	*	2.9
1980	58	*	*	28.2	*	*
1981	60	*	40	23.9	*	1.1
1982	*	*	*	*	*	*
1983	26	*	*	24.1	*	*
1984	50	*	29	20.6	*	0.9
1985	75	*	21	27.2	*	0.6
1986	71	*	54	23.3	*	1.6
1987	47	*	18	23.5	*	0.6
1988	59	*	29	22.1	*	0.9
1989	59	8	18	24.4	0.4	0.6
1990	43	5	25	23.0	0.3	0.8
1991	56	9	25	22.6	0.4	0.8
1992	72	13	28	24.3	0.6	0.9
1993	79	15	36	25.1	0.7	1.2
1994	101	31	39	22.7	1.4	1.4
1995	101	31	55	20.4	1.3	2.0
1996	113	29	62	21.0	1.3	2.3
1997	166	40	61	23.5	1.7	2.3
1998	140	46	60	21.9	1.9	2.2
1999[2]	104	34	53	19.8	1.4	1.9

*Low precision; no estimate reported.
-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.
[2] Estimated using 2000 data only.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.57 Estimated Numbers (in Thousands) of Persons Who First Used Hallucinogens During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	112	*	67	18.8	*	3.0
1966	74	*	30	19.8	*	1.2
1967	302	116	172	18.2	4.9	6.8
1968	390	155	209	18.2	6.5	8.0
1969	643	198	398	19.2	8.1	14.8
1970	801	290	430	19.4	11.6	15.6
1971	883	412	450	18.1	16.3	15.9
1972	951	411	522	18.4	16.2	18.1
1973	732	365	355	18.2	14.1	12.5
1974	940	471	458	17.8	18.1	16.4
1975	811	299	435	19.8	11.5	15.4
1976	929	449	416	18.9	17.4	14.5
1977	764	328	357	18.8	12.9	12.3
1978	794	387	310	19.1	15.5	10.6
1979	840	340	429	19.1	14.2	14.4
1980	825	383	405	18.4	16.4	13.5
1981	867	347	445	19.5	15.3	14.8
1982	553	229	282	19.2	10.3	9.3
1983	614	220	340	19.7	9.9	11.3
1984	635	269	333	18.9	12.2	11.3
1985	629	271	291	19.5	12.4	10.0
1986	592	287	276	18.7	13.5	9.7
1987	703	329	270	19.8	15.9	9.7
1988	560	228	308	18.7	11.4	11.1
1989	613	278	287	18.7	14.1	10.5
1990	602	225	347	19.0	11.4	13.0
1991	609	226	352	19.0	11.4	13.5
1992	699	304	323	19.3	14.8	12.6
1993	683	336	311	18.4	15.9	12.4
1994	842	400	368	18.4	18.3	15.0
1995	891	470	379	17.9	21.2	15.8
1996	975	492	434	17.9	22.0	18.6
1997	1,032	547	418	17.9	24.1	18.2
1998	1,231	648	533	17.8	28.5	23.2
1999[2]	1,404	669	604	18.6	29.7	26.1

*Low precision; no estimate reported.
-- Not available.
[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.
[2] Estimated using 2000 data only.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.58 Estimated Numbers (in Thousands) of Persons Who First Used Inhalants During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	83	*	*	13.9	*	*
1966	122	66	*	15.5	2.9	*
1967	128	41	*	17.5	1.8	*
1968	207	90	70	16.7	3.8	2.7
1969	290	168	82	15.2	6.9	3.0
1970	188	99	65	17.5	4.0	2.3
1971	228	144	58	15.4	5.7	2.0
1972	303	134	119	17.3	5.2	3.9
1973	355	149	174	18.6	5.7	5.7
1974	418	191	201	18.0	7.3	6.6
1975	449	207	204	18.1	7.9	6.6
1976	493	222	207	17.7	8.6	6.6
1977	649	295	290	17.9	11.6	9.1
1978	643	322	243	18.3	13.0	7.7
1979	601	288	230	19.1	12.1	7.2
1980	474	225	134	19.5	9.7	4.1
1981	462	205	216	17.3	9.1	6.6
1982	416	204	151	18.6	9.2	4.7
1983	470	237	178	17.9	10.7	5.5
1984	445	254	144	17.8	11.6	4.6
1985	426	245	115	17.7	11.4	3.8
1986	409	264	105	16.8	12.5	3.5
1987	550	282	212	17.7	13.7	7.3
1988	420	241	117	17.1	12.2	4.1
1989	438	241	133	18.4	12.4	4.7
1990	392	211	131	17.2	10.9	4.8
1991	478	223	184	18.1	11.4	6.8
1992	473	273	118	16.8	13.5	4.5
1993	541	287	184	16.4	13.7	7.1
1994	642	353	192	16.7	16.3	7.6
1995	717	381	191	17.8	17.4	7.7
1996	744	430	200	16.1	19.4	8.2
1997	975	562	243	16.7	25.1	10.1
1998	918	594	224	15.4	26.8	9.3
1999[2]	1,010	636	276	16.4	29.0	11.2

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.59 Estimated Numbers (in Thousands) of Persons Who First Used Pain Relievers During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	92	*	*	17.9	*	*
1966	119	57	58	18.2	2.4	2.4
1967	152	78	58	15.7	3.3	2.3
1968	134	74	33	18.1	3.1	1.2
1969	265	77	159	18.0	3.1	5.9
1970	280	104	116	18.5	4.1	4.1
1971	358	130	179	19.7	5.1	6.1
1972	339	134	158	20.7	5.2	5.2
1973	459	146	257	20.3	5.5	8.5
1974	440	182	195	20.7	6.9	6.5
1975	383	116	136	21.6	4.4	4.4
1976	442	127	192	21.3	4.9	6.1
1977	582	192	315	20.2	7.5	9.9
1978	538	187	252	19.4	7.4	7.9
1979	358	97	193	21.0	4.0	5.9
1980	475	161	162	24.8	6.8	4.9
1981	486	159	157	23.5	6.9	4.7
1982	381	78	185	23.8	3.5	5.6
1983	459	77	255	22.9	3.4	7.8
1984	327	108	147	20.0	4.8	4.5
1985	385	78	166	23.2	3.5	5.3
1986	381	107	155	22.3	5.0	5.0
1987	496	116	170	24.6	5.5	5.6
1988	438	148	178	21.8	7.3	5.9
1989	571	97	276	23.1	4.9	9.4
1990	576	96	242	25.6	4.8	8.5
1991	517	149	185	22.0	7.5	6.6
1992	574	165	205	22.7	8.0	7.5
1993	714	206	259	22.6	9.7	9.6
1994	736	259	260	21.3	11.8	9.9
1995	942	318	351	21.8	14.3	13.6
1996	1,134	387	416	22.9	17.3	16.6
1997	1,380	577	492	21.4	25.6	20.1
1998	1,468	674	468	20.3	30.2	19.2
1999[2]	1,469	722	492	19.5	32.7	20.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.10A)

Table F.60 Estimated Numbers (in Thousands) of Persons Who First Used Tranquilizers During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	78	*	*	16.2	*	*
1966	111	51	55	18.3	2.2	2.3
1967	78	*	38	19.8	*	1.5
1968	167	*	88	20.0	*	3.3
1969	235	36	129	22.9	1.5	4.7
1970	210	84	104	18.7	3.3	3.7
1971	288	141	97	20.0	5.5	3.3
1972	303	57	180	22.8	2.2	5.9
1973	429	153	196	20.0	5.8	6.4
1974	457	165	249	19.5	6.2	8.2
1975	346	127	162	20.1	4.8	5.2
1976	434	165	192	20.5	6.3	6.1
1977	504	141	278	21.7	5.5	8.7
1978	347	129	174	20.7	5.1	5.4
1979	471	142	195	23.2	5.8	5.9
1980	367	120	191	20.2	5.1	5.8
1981	355	88	176	22.1	3.8	5.3
1982	328	74	179	22.8	3.3	5.3
1983	396	110	198	23.2	4.9	6.0
1984	328	81	145	22.7	3.6	4.5
1985	283	58	103	26.1	2.6	3.2
1986	272	79	122	22.7	3.7	3.9
1987	288	56	76	25.7	2.6	2.5
1988	321	62	128	25.3	3.0	4.2
1989	370	77	144	25.7	3.8	4.8
1990	333	50	164	26.0	2.5	5.6
1991	357	67	153	25.1	3.3	5.3
1992	418	86	160	26.6	4.1	5.7
1993	387	86	161	25.8	4.0	5.8
1994	560	134	223	23.9	6.0	8.3
1995	558	163	223	23.1	7.2	8.4
1996	587	178	236	24.1	7.7	9.1
1997	766	258	278	23.6	11.1	10.8
1998	814	266	269	24.1	11.5	10.4
1999[2]	642	259	277	20.8	11.1	10.6

*Low precision; no estimate reported.
-- Not available.
[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.
[2] Estimated using 2000 data only.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.11A)

Table F.61 Estimated Numbers (in Thousands) of Persons Who First Used Stimulants During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	249	*	167	20.8	*	7.6
1966	179	76	78	20.6	3.3	3.3
1967	172	88	79	17.4	3.8	3.2
1968	397	149	224	18.4	6.2	8.6
1969	393	118	257	19.2	4.8	9.6
1970	547	205	314	18.1	8.2	11.3
1971	357	151	202	17.3	6.0	7.0
1972	488	169	282	19.4	6.6	9.5
1973	479	164	298	18.5	6.3	10.1
1974	735	273	408	19.6	10.4	14.0
1975	496	194	269	19.0	7.4	9.1
1976	496	153	284	19.5	5.9	9.4
1977	485	167	266	19.2	6.5	8.6
1978	533	217	284	18.9	8.6	9.1
1979	475	225	242	18.0	9.3	7.6
1980	569	261	291	17.6	11.1	9.1
1981	559	216	291	19.0	9.4	9.0
1982	433	150	239	18.9	6.7	7.4
1983	335	130	177	19.1	5.8	5.5
1984	358	128	180	20.1	5.7	5.7
1985	299	129	143	19.0	5.9	4.6
1986	324	111	132	21.8	5.1	4.3
1987	282	107	154	19.7	5.1	5.2
1988	258	59	170	20.4	2.9	5.7
1989	260	90	113	20.3	4.5	3.9
1990	250	66	119	21.7	3.3	4.2
1991	194	89	87	18.1	4.4	3.1
1992	280	91	142	20.1	4.4	5.1
1993	335	142	138	19.1	6.6	5.0
1994	394	187	133	19.0	8.4	4.9
1995	520	236	191	19.2	10.5	7.2
1996	548	266	215	18.9	11.7	8.3
1997	700	325	229	21.7	14.1	9.0
1998	692	375	231	18.2	16.2	9.0
1999[2]	646	322	213	19.6	14.0	8.1

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.62 Estimated Numbers (in Thousands) of Persons Who First Used Sedatives During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	95	*	56	20.7	*	2.5
1966	49	26	*	18.3	1.1	*
1967	97	60	*	19.4	2.5	*
1968	217	144	69	16.2	6.0	2.6
1969	167	53	90	20.6	2.1	3.3
1970	303	161	137	17.7	6.4	4.8
1971	279	127	148	17.9	5.0	5.0
1972	366	130	229	18.9	5.0	7.5
1973	495	144	326	19.5	5.5	10.8
1974	446	250	164	19.0	9.5	5.5
1975	335	112	216	19.4	4.2	7.1
1976	321	150	138	18.8	5.7	4.4
1977	447	165	252	19.4	6.4	8.0
1978	436	169	235	19.0	6.7	7.4
1979	354	105	183	21.3	4.3	5.6
1980	300	101	180	18.7	4.2	5.5
1981	236	77	135	19.3	3.3	4.1
1982	286	72	181	20.4	3.2	5.4
1983	154	54	84	19.2	2.4	2.5
1984	128	35	60	23.0	1.6	1.8
1985	68	30	32	18.9	1.3	1.0
1986	100	20	59	21.7	0.9	1.9
1987	132	31	58	23.4	1.5	1.9
1988	90	27	35	21.8	1.3	1.1
1989	73	22	22	23.0	1.1	0.7
1990	113	19	20	32.6	1.0	0.7
1991	42	17	14	22.7	0.8	0.5
1992	78	26	37	20.6	1.2	1.3
1993	81	28	27	21.2	1.3	0.9
1994	113	47	45	19.4	2.1	1.6
1995	91	45	34	18.8	2.0	1.2
1996	188	53	55	26.0	2.3	2.0
1997	122	66	38	19.4	2.8	1.4
1998	163	62	56	21.3	2.6	2.1
1999[2]	143	59	50	27.3	2.5	1.8

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.14A)

Table F.63 Estimated Numbers (in Thousands) of Persons Who First Used Alcohol During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	3,207	1,436	1,481	17.5	73.1	201.2
1966	3,416	1,522	1,583	18.0	78.2	205.7
1967	3,779	1,841	1,725	17.5	95.2	218.4
1968	3,774	1,829	1,606	17.4	93.3	206.0
1969	3,845	1,829	1,755	17.4	91.2	227.1
1970	4,086	2,082	1,698	17.5	102.4	221.3
1971	4,075	2,092	1,693	17.2	103.0	219.8
1972	4,541	2,472	1,702	17.0	122.1	227.6
1973	4,253	2,466	1,464	16.5	122.3	200.5
1974	4,573	2,560	1,721	16.7	129.5	239.6
1975	4,229	2,522	1,397	16.9	129.2	196.9
1976	4,012	2,439	1,165	16.7	125.6	165.3
1977	4,081	2,287	1,440	17.1	120.9	206.6
1978	3,982	2,459	1,239	16.9	132.5	184.0
1979	4,161	2,456	1,391	16.5	138.6	203.4
1980	3,881	2,193	1,217	17.7	127.7	181.4
1981	3,701	2,211	1,186	16.8	131.6	175.6
1982	3,538	2,055	1,142	16.6	124.2	166.8
1983	3,496	2,085	1,131	17.0	126.3	167.1
1984	3,562	2,109	1,186	16.9	130.2	180.0
1985	3,471	2,134	1,114	16.4	134.8	172.7
1986	3,495	2,077	1,091	16.9	134.8	172.4
1987	3,196	1,781	1,079	17.0	118.4	175.1
1988	3,428	2,022	1,122	16.8	138.7	182.7
1989	3,009	1,730	942	16.9	120.2	151.7
1990	3,144	1,752	1,006	17.1	120.6	164.4
1991	3,131	1,765	1,066	16.4	118.9	179.3
1992	3,191	1,797	1,059	16.9	117.0	181.7
1993	3,434	1,973	1,098	16.7	123.7	195.0
1994	3,475	2,122	1,044	16.3	130.1	191.1
1995	3,616	2,269	983	16.4	139.4	181.0
1996	3,957	2,498	1,079	16.3	155.1	202.8
1997	4,491	3,015	1,131	16.2	192.3	221.2
1998[2]	5,056	3,383	1,202	16.3	219.8	235.8
1999[2]	--	3,080	1,236	--	216.3	256.6

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.15A)

Table F.64 Estimated Numbers (in Thousands) of Persons Who First Used Any Cigarettes During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	2,807	1,859	548	15.5	113.4	74.5
1966	2,741	1,725	658	15.4	105.0	82.5
1967	3,169	1,929	824	15.8	116.5	97.6
1968	2,855	1,770	634	14.9	105.0	72.6
1969	3,142	1,795	789	15.2	102.2	86.9
1970	3,342	2,156	792	15.2	120.5	84.3
1971	3,245	2,082	664	15.0	116.7	66.0
1972	3,475	2,058	914	15.8	116.1	88.4
1973	3,418	2,247	700	15.0	126.0	68.2
1974	3,529	2,325	775	15.3	132.1	75.0
1975	3,484	2,282	718	15.1	131.8	67.8
1976	3,518	2,322	766	15.6	135.3	71.1
1977	3,050	2,000	578	15.5	119.1	53.9
1978	3,229	2,186	668	15.7	132.5	62.5
1979	2,911	1,828	703	15.9	115.1	65.8
1980	2,716	1,709	680	15.6	109.2	63.1
1981	2,738	1,684	609	16.2	108.2	56.2
1982	2,519	1,599	545	15.9	102.0	49.8
1983	2,553	1,628	614	15.7	102.4	56.3
1984	2,638	1,757	583	15.5	111.6	53.4
1985	2,554	1,781	500	15.6	116.1	45.6
1986	2,572	1,646	581	16.1	110.2	52.7
1987	2,536	1,632	604	15.7	111.5	55.2
1988	2,427	1,498	569	16.0	105.4	51.6
1989	2,429	1,508	586	15.3	107.1	53.4
1990	2,401	1,510	543	15.3	106.4	50.8
1991	2,358	1,397	553	15.6	96.2	52.3
1992	2,607	1,639	561	15.3	109.0	53.7
1993	2,735	1,764	584	15.1	114.1	56.6
1994	3,143	2,045	655	15.4	130.7	64.8
1995	3,239	2,131	654	15.4	137.6	66.5
1996	3,449	2,282	711	15.4	150.5	74.7
1997	3,265	2,253	656	15.7	151.3	71.4
1998[2]	2,916	2,121	524	15.4	141.4	55.9
1999[2]	--	1,785	535	--	120.0	57.2

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.65 Estimated Numbers (in Thousands) of Persons Who Began Daily Cigarette Use During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	1,517	656	768	17.8	30.4	58.1
1966	1,806	780	873	18.2	36.0	60.1
1967	1,773	878	748	18.2	40.4	47.9
1968	1,937	815	961	18.4	36.7	59.0
1969	1,925	843	956	18.1	36.9	56.5
1970	2,059	1,020	941	17.6	43.7	53.3
1971	1,932	862	926	18.3	36.5	50.0
1972	2,038	1,031	855	17.7	43.3	44.2
1973	2,279	1,128	1,030	18.0	46.7	52.9
1974	2,119	1,040	904	17.8	43.0	46.0
1975	2,155	1,095	942	17.6	45.5	46.9
1976	1,854	959	754	18.0	40.1	36.6
1977	2,060	959	964	18.3	40.6	46.1
1978	1,892	927	864	17.9	40.0	40.9
1979	1,935	868	916	18.4	38.8	42.5
1980	1,737	863	690	18.2	39.6	31.5
1981	1,722	725	831	18.8	34.1	37.1
1982	1,488	626	749	18.7	29.7	33.0
1983	1,465	621	685	18.6	29.5	30.2
1984	1,458	755	601	18.1	36.3	26.7
1985	1,473	769	581	18.2	37.5	26.0
1986	1,490	746	618	18.6	37.3	27.7
1987	1,484	694	650	19.3	35.6	29.5
1988	1,346	696	528	18.3	37.0	23.9
1989	1,387	661	589	18.2	35.8	27.0
1990	1,411	656	611	18.5	35.5	28.8
1991	1,439	658	571	19.2	35.1	27.5
1992	1,412	694	534	18.4	35.9	26.3
1993	1,548	825	554	18.2	41.3	27.8
1994	1,613	892	573	17.6	43.4	29.4
1995	1,835	1,035	628	18.1	50.0	33.0
1996	1,866	1,041	639	18.2	50.1	34.5
1997	1,946	1,163	627	18.2	55.3	34.6
1998	1,746	981	588	18.4	46.4	32.7
1999[2]	1,364	783	485	17.7	37.0	26.6

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.66 Estimated Numbers (in Thousands) of Persons Who First Used Smokeless Tobacco During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
YEAR	All Ages	12-17	18-25		12-17	18-25
1965	443	176	114	16.5	7.8	5.7
1966	438	220	120	17.9	9.8	5.5
1967	477	205	153	17.4	9.1	6.6
1968	411	147	170	17.4	6.3	7.0
1969	555	300	148	16.5	12.6	5.9
1970	637	301	166	16.9	12.4	6.3
1971	773	246	289	18.4	10.0	10.6
1972	779	394	218	16.8	15.8	7.7
1973	724	360	233	17.0	14.2	8.3
1974	845	389	248	17.5	15.4	8.8
1975	910	484	230	17.7	19.3	8.0
1976	1,182	583	410	17.5	23.6	14.0
1977	1,101	547	373	16.7	22.7	12.7
1978	1,049	572	259	16.1	24.4	8.8
1979	1,274	589	370	18.3	26.3	12.5
1980	1,348	644	424	17.5	29.7	14.3
1981	1,342	694	388	16.8	33.2	13.1
1982	1,282	738	308	16.7	36.5	10.5
1983	1,151	585	293	17.2	29.3	10.3
1984	1,155	636	256	17.7	32.3	9.3
1985	1,162	651	282	17.7	33.7	10.6
1986	1,112	560	348	17.8	29.6	13.5
1987	960	571	178	17.2	30.8	7.2
1988	836	423	253	17.5	23.3	10.4
1989	969	491	222	18.8	27.3	9.4
1990	878	491	207	17.7	27.3	9.0
1991	955	571	185	18.2	31.2	8.3
1992	1,000	534	239	19.1	28.2	10.9
1993	1,088	627	288	17.3	31.8	13.3
1994	992	622	247	16.4	30.5	11.7
1995	1,097	705	264	17.0	34.0	12.6
1996	1,138	704	271	17.3	33.6	13.1
1997	996	605	247	18.1	28.4	12.0
1998	972	593	274	17.7	27.6	13.2
1999[2]	982	551	276	18.5	25.4	12.9

*Low precision; no estimate reported.

-- Not available.

[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.

[2] Estimated using 2000 data only.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (4.18A)

Table F.67 Estimated Numbers (in Thousands) of Persons Who First Used Cigars During the Years 1965 to 1999, Their Mean Age at First Use, and Annual Age-Specific Rates of First Use (per 1,000 Person-Years of Exposure): Based on 1999 and 2000 NHSDAs

YEAR	NUMBER OF INITIATES (1,000s)			MEAN AGE	AGE-SPECIFIC RATES[1]	
	All Ages	12-17	18-25		12-17	18-25
1965	1,085	456	497	18.4	20.5	28.6
1966	1,330	492	639	19.7	22.3	33.9
1967	1,290	340	691	20.9	15.3	34.6
1968	1,288	408	698	19.4	17.9	33.6
1969	1,163	417	638	19.5	17.8	29.6
1970	1,411	495	750	19.4	20.7	33.3
1971	1,286	479	657	19.3	19.7	28.0
1972	1,466	504	726	19.7	20.4	30.0
1973	1,398	387	798	19.9	15.3	33.0
1974	1,597	693	720	19.1	27.4	29.6
1975	1,271	490	640	19.6	19.5	25.9
1976	1,366	426	733	20.4	17.0	28.7
1977	1,418	472	791	19.9	19.2	30.4
1978	1,498	442	797	20.6	18.3	30.4
1979	1,398	371	710	21.8	15.8	26.6
1980	1,447	430	772	20.6	18.8	28.4
1981	1,200	375	632	20.3	16.8	23.0
1982	1,140	312	633	20.9	14.2	22.8
1983	1,136	255	640	21.1	11.7	23.2
1984	1,248	319	718	21.1	14.7	26.3
1985	1,197	327	616	21.2	15.3	23.0
1986	1,220	294	747	20.5	14.0	28.3
1987	1,320	382	638	21.5	18.7	24.8
1988	1,288	348	650	21.3	17.7	25.5
1989	1,492	278	765	23.8	14.4	30.5
1990	1,507	363	786	22.0	18.9	32.3
1991	1,421	373	708	21.4	19.3	29.7
1992	1,627	499	735	21.4	25.1	31.7
1993	2,112	609	904	22.6	29.8	40.2
1994	2,450	797	991	21.8	38.1	45.9
1995	2,824	977	1,176	21.1	46.6	56.9
1996	3,732	1,389	1,382	21.4	66.7	70.9
1997	4,231	1,704	1,451	21.4	83.4	79.6
1998	4,641	1,869	1,434	22.4	94.2	83.5
1999[2]	3,623	1,454	1,027	23.2	74.0	60.7

*Low precision; no estimate reported.
-- Not available.
[1] The numerator of each rate is the number of persons in the age group who first used the drug in the year, while the denominator is the person time exposure measured in thousands of years.
[2] Estimated using 2000 data only.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (3.1B)

Table F.68 Percentages Reporting About Risk and Availability of Drugs, by Age Group: 1999 and 2000

Risk/Availability[1]	Total		AGE GROUP (Years)					
			12-17		18-25		26 or Older	
	1999	2000	1999	2000	1999	2000	1999	2000
PERCEPTIONS OF GREAT RISK								
Cigarettes								
Smoke one or more packs per day	66.7[b]	69.3	60.7[b]	64.1	61.7[b]	64.7	68.3[b]	70.8
Marijuana								
Smoke once a month	44.4	44.3	37.2	37.7	28.7	29.8	48.1	47.8
Smoke once or twice a week	56.1	56.4	56.5	56.0	40.9	41.9	58.6	58.9
Cocaine								
Use once a month	76.0	76.0	55.3	55.4	68.5	69.0	80.1	80.1
Use once or twice a week	90.6	90.8	82.4	82.1	88.1	88.1	92.2	92.4
Heroin								
Try once or twice	84.0	84.4	62.0	62.3	78.7	79.5	87.9	88.3
Use once or twice a week	94.2	94.1	84.4	84.1	93.1	93.0	95.7	95.6
LSD								
Try once or twice	76.6	76.8	56.3	57.2	64.0[a]	65.2	81.4	81.5
Use once or twice a week	89.4	89.4	78.6	77.7	84.2	84.3	91.8	91.9
Alcohol								
Four or five drinks nearly every day	69.6[a]	70.6	63.6	63.7	63.0	63.8	71.5	72.7
Five or more drinks once or twice a week	45.1[b]	47.1	42.0[a]	43.2	37.0	37.5	46.9[b]	49.3
AVAILABILITY								
Fairly or very easy to obtain								
Marijuana	56.9[b]	54.8	56.5[b]	54.1	76.5[a]	75.3	53.5[b]	51.2
Cocaine	32.3[b]	30.4	27.5[b]	25.2	41.8[b]	39.0	31.3[a]	29.6
Crack	30.9[b]	29.0	28.4[b]	26.8	36.3[b]	33.9	30.2[b]	28.4
Heroin	20.9[b]	19.4	18.1[b]	17.0	24.6[b]	22.6	20.7[b]	19.2
LSD	23.4[a]	22.3	24.9[b]	23.0	35.6[b]	33.5	21.1	20.2
Approached by someone selling drugs past month	8.0[a]	7.4	15.6	15.9	18.3	17.4	5.2[a]	4.5

*Low precision; no estimate reported.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.
[1]Respondents with missing data were excluded.
Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.69 Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Smoking One or More Packs of Cigarettes per Day, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Smoking One or More Packs of Cigarettes per Day: 1999 and 2000

(I) Demographic Characteristic	Parents' Feelings About Youth: Strongly Disapprove	
	1999	2000
TOTAL	87.4	87.8
AGE		
12-13	92.9	93.2
14-15	89.1	89.1
16-17	80.4	81.0
GENDER		
Male	86.6	87.3
Female	88.3	88.4
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	87.7	87.6
Black Only	84.8[a]	87.6
American Indian or Alaska Native Only	77.8	79.8
Native Hawaiian or Other Pacific Islander	•	•
Asian Only	89.5	92.0
More Than One Race	87.9	89.0
Hispanic	88.2	88.3
COUNTY TYPE		
Large Metro	88.2	89.1
Small Metro	86.8	87.2
Nonmetro	86.4	85.8

(II) Drug Use	Parents' Feelings About Youth Smoking Cigarettes[1]: Strongly Disapprove		Somewhat Disapprove/Neither	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	7.5	7.4	24.9	26.1
Marijuana	5.2	5.2	20.7	21.9
Any Illicit Drug Other Than Marijuana[2]	3.5	3.5	11.2	12.2
Cigarettes	10.6[b]	8.9	43.5	45.9
Alcohol	14.1	13.6	33.3	36.0
"Binge" Alcohol[3]	7.9	8.0	25.4[a]	28.2
PAST YEAR				
Any Illicit Drug[2]	16.3[a]	15.3	43.0	42.8
Marijuana	11.1	10.5	35.3	34.7
Any Illicit Drug Other Than Marijuana[2]	9.4	8.9	26.4	27.9
Cigarettes	19.1[b]	16.2	52.6	54.3
Alcohol	31.1[a]	29.7	55.4	57.5
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	23.7	22.8	53.8	56.4
Marijuana	15.1	14.5	43.6	45.7
Any Illicit Drug Other Than Marijuana[2]	15.4	15.0	37.8	39.9
Cigarettes	33.0[b]	30.2	65.4	66.8
Alcohol	39.7[a]	38.1	65.6	68.1
"Binge" Alcohol[3]	--	--	--	--

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.70 Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Trying Marijuana or Hashish Once or Twice, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Trying Marijuana or Hashish Once or Twice: 1999 and 2000

(I) Demographic Characteristic	Parents' Feelings About Youth Strongly Disapprove	
	1999	2000
TOTAL	90.7[b]	89.5
AGE		
12-13	94.3	94.3
14-15	91.9[b]	89.6
16-17	86.2[a]	84.7
GENDER		
Male	89.8[a]	88.8
Female	91.7[b]	90.4
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	91.4[b]	89.1
Black Only	87.6[a]	89.9
American Indian or Alaska Native Only	79.3	76.0
Native Hawaiian or Other Pacific Islander	•	•
Asian Only	92.9	94.3
More Than One Race	91.2	87.6
Hispanic	90.9	90.6
COUNTY TYPE		
Large Metro	90.6[a]	89.5
Small Metro	90.6[a]	89.2
Nonmetro	91.4	90.0

(II) Drug Use	Parents' Feelings About Youth Trying Marijuana/Hashish[1]			
	Strongly Disapprove		Somewhat Disapprove/Neither	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	7.5	7.1	30.1	31.2
Marijuana	5.3	4.9	25.5	26.9
Any Illicit Drug Other Than Marijuana[2]	3.6	3.5	12.3	13.7
Cigarettes	12.7[b]	10.9	34.6	34.3
Alcohol	14.6	13.8	35.7	37.5
"Binge" Alcohol[3]	8.5	8.4	26.0	28.2
PAST YEAR				
Any Illicit Drug[2]	16.5[b]	15.0	49.3	49.6
Marijuana	11.3[b]	10.0	41.7	42.5
Any Illicit Drug Other Than Marijuana[2]	9.7	9.1	29.1	29.2
Cigarettes	21.0[b]	18.1	46.0	44.1
Alcohol	31.8[b]	29.8	57.5[a]	61.1
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	24.2[a]	22.9	59.8	60.7
Marijuana	15.6[b]	14.4	49.1	52.1
Any Illicit Drug Other Than Marijuana[2]	15.9	15.5	40.5	39.7
Cigarettes	34.5[b]	31.4	61.5	61.9
Alcohol	40.5[b]	38.3	66.5[b]	71.0
"Binge" Alcohol[3]	--	--	--	--

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.71 Percentages of Persons Aged 12 to 17 Reporting (I) They Think Their Parents Would Strongly Disapprove of Their Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day, by Demographic Characteristics, and (II) Selected Drug Use, by Parents' Feelings About Youth Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day: 1999 and 2000

(I) Demographic Characteristic	Parents' Feelings About Youth Strongly Disapprove	
	1999	2000
TOTAL	89.5[b]	87.9
AGE		
12-13	92.6	92.4
14-15	90.2[b]	88.3
16-17	85.7[b]	83.0
GENDER		
Male	87.9[b]	86.2
Female	91.1[b]	89.7
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	90.4[b]	88.1
Black Only	87.5	87.7
American Indian or Alaska Native Only	84.7	84.9
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	90.7	92.2
More Than One Race	88.9	88.3
Hispanic	86.9	86.3
COUNTY TYPE		
Large Metro	89.6	88.9
Small Metro	89.8[b]	87.5
Nonmetro	88.6[b]	86.2

(II) Drug Use	Parents' Feelings About Youth Drinking Alcoholic Beverages[1]			
	Strongly Disapprove		Somewhat Disapprove/Neither	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	8.1	7.5	23.0	25.0
Marijuana	5.8	5.5	18.4	19.5
Any Illicit Drug Other Than Marijuana[2]	3.7	3.5	10.7	12.4
Cigarettes	12.9[b]	10.9	30.7	31.1
Alcohol	14.0[a]	13.0	38.2	40.0
"Binge" Alcohol[3]	7.9	7.8	28.4	29.8
PAST YEAR				
Any Illicit Drug[2]	17.3[b]	15.6	39.2	40.1
Marijuana	12.1[b]	10.9	31.1	31.3
Any Illicit Drug Other Than Marijuana[2]	10.0[a]	9.1	24.0	26.2
Cigarettes	21.1[b]	17.9	42.1	41.8
Alcohol	31.1[b]	29.1	59.7	61.3
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	24.9[b]	23.4	49.2	52.4
Marijuana	16.5[b]	15.4	37.1	39.5
Any Illicit Drug Other Than Marijuana[2]	16.2[a]	15.2	34.4[b]	38.6
Cigarettes	34.6[b]	31.3	58.0	58.7
Alcohol	39.8[b]	37.6	68.9	71.3
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.72 Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Gotten into a Serious Fight at School or Work One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times Gotten into Serious Fight at School or Work: 1999 and 2000

(I) Demographic Characteristic	Gotten into Serious Fight at One or More Times	
	1999	2000
TOTAL	21.9[b]	17.9
AGE		
12-13	21.8	21.5
14-15	23.3[b]	18.5
16-17	20.6[b]	13.5
GENDER		
Male	26.3[b]	23.2
Female	17.4[b]	12.3
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	20.8[b]	15.8
Black Only	26.6	26.4
American Indian or Alaska Native Only	21.3	22.9
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	13.2	11.5
More Than One Race	26.8[b]	15.4
Hispanic	24.8[b]	20.8
COUNTY TYPE		
Large Metro	22.3[b]	18.4
Small Metro	21.7[b]	17.5
Nonmetro	21.2[b]	17.1

(II) Drug Use	Gotten into Serious Fight at School/Work[1]			
	One or More Times		None	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	17.9	17.0	7.4[a]	8.1
Marijuana	13.7	12.3	5.3[b]	6.1
Any Illicit Drug Other Than Marijuana[2]	8.6	9.0	3.3	3.6
Cigarettes	25.6[b]	21.7	11.7	11.6
Alcohol	26.0[b]	23.3	13.9[a]	14.8
"Binge" Alcohol[3]	17.9	17.3	7.9[b]	9.0
PAST YEAR				
Any Illicit Drug[2]	33.4[a]	30.7	15.8	16.0
Marijuana	24.6[b]	21.8	11.1	11.6
Any Illicit Drug Other Than Marijuana[2]	20.7	20.4	9.0	9.3
Cigarettes	36.7[b]	31.2	19.5	18.6
Alcohol	47.6[b]	42.2	30.4	31.1
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	44.4	42.4	22.8	23.5
Marijuana	31.1[a]	28.5	15.1[a]	16.1
Any Illicit Drug Other Than Marijuana[2]	31.1	31.4	14.6	15.2
Cigarettes	52.2[b]	45.5	32.6	32.2
Alcohol	58.2[b]	54.0	38.6	39.0
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.73 Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Taken Part in a Group-Against-Group Fight One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times They Got in a Group-Against-Group Fight: 1999 and 2000

(I) Demographic Characteristic	Taken Part in Group-Against-Group Fight[1]	
	One or More Times	
	1999	2000
TOTAL	17.1[b]	15.0
AGE		
12-13	17.4	16.3
14-15	17.2[b]	15.1
16-17	16.6[b]	13.7
GENDER		
Male	19.3[b]	17.0
Female	14.8[b]	13.0
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	16.4[b]	13.9
Black Only	18.2	17.4
American Indian or Alaska Native Only	22.5	22.3
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	13.2	12.3
More Than One Race	20.1	15.4
Hispanic	19.9	18.4
COUNTY TYPE		
Large Metro	16.8[a]	15.4
Small Metro	17.7[b]	14.6
Nonmetro	16.9[a]	14.9

(II) Drug Use	Taken Part in Group-Against-Group Fight[1]			
	One or More Times		None	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	20.4	19.7	7.4	7.9
Marijuana	15.8	14.9	5.4	5.8
Any Illicit Drug Other Than Marijuana[2]	9.6	10.6	3.4	3.5
Cigarettes	27.7[a]	24.5	12.1	11.4
Alcohol	30.0[a]	27.5	13.7	14.4
"Binge" Alcohol[3]	21.5	21.2	7.7[a]	8.5
PAST YEAR				
Any Illicit Drug[2]	36.3	34.3	16.1	15.9
Marijuana	27.0[a]	24.5	11.4	11.5
Any Illicit Drug Other Than Marijuana[2]	23.3	23.5	9.1	9.1
Cigarettes	38.9[b]	35.1	20.0[b]	18.3
Alcohol	51.0[b]	47.2	30.6	30.5
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	47.0	46.0	23.4	23.5
Marijuana	32.9	31.1	15.6	16.1
Any Illicit Drug Other Than Marijuana[2]	34.1	35.3	14.9	15.0
Cigarettes	54.7[b]	49.3	33.2[a]	32.0
Alcohol	60.9	58.6	39.1	38.7
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (3.33B)

Table F.74 Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Carried a Handgun One or More Times in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Number of Times They Carried a Handgun: 1999 and 2000

(I) Demographic Characteristic	Carried a Handgun[1]: One or More Times	
	1999	2000
TOTAL	3.6[b]	2.9
AGE		
12-13	2.7[b]	1.8
14-15	3.7	3.1
16-17	4.4	3.8
GENDER		
Male	6.1[b]	4.8
Female	1.0	0.9
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	3.4[b]	2.7
Black Only	4.3	3.7
American Indian or Alaska Native Only	3.0	3.5
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	1.9	1.3
More Than One Race	5.0	2.3
Hispanic	4.1	3.7
COUNTY TYPE		
Large Metro	3.2	2.7
Small Metro	3.9[b]	2.8
Nonmetro	4.4[a]	3.5

(II) Drug Use	Carried a Handgun[1]: One or More Times		Carried a Handgun[1]: None	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	28.8	32.1	8.9	9.0
Marijuana	24.5	26.7	6.5	6.6
Any Illicit Drug Other Than Marijuana[2]	12.7[a]	18.0	4.1	4.2
Cigarettes	35.7	34.6	14.0[b]	12.8
Alcohol	37.6	39.8	15.7	15.7
"Binge" Alcohol[3]	30.3	33.4	9.3	9.8
PAST YEAR				
Any Illicit Drug[2]	46.8	47.1	18.6	17.8
Marijuana	38.3	38.4	13.1	12.7
Any Illicit Drug Other Than Marijuana[2]	28.0	31.8	10.9	10.6
Cigarettes	48.9	44.6	22.3[b]	20.1
Alcohol	57.5	55.8	33.2	32.4
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	55.8	55.6	26.4	26.0
Marijuana	44.7	45.5	17.6	17.5
Any Illicit Drug Other Than Marijuana[2]	39.3	43.1	17.4	17.3
Cigarettes	64.2[a]	58.0	35.9[b]	33.9
Alcohol	68.0	66.7	41.9	41.0
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.75 Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Smoking One or More Packs of Cigarettes per Day, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Smoking Cigarettes: 1999 and 2000

(I) Demographic Characteristic	Youths' Feelings About Peers Strongly/Somewhat Disapprove	
	1999	2000
TOTAL	81.6[b]	84.9
AGE		
12-13	88.8[b]	91.5
14-15	80.8[b]	83.4
16-17	75.5[b]	79.9
GENDER		
Male	79.8[b]	83.1
Female	83.5[b]	86.8
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	81.8[b]	84.6
Black Only	81.0[b]	85.6
American Indian or Alaska Native Only	78.8	75.1
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	86.6	89.8
More Than One Race	78.4[b]	88.3
Hispanic	80.4[b]	84.6
COUNTY TYPE		
Large Metro	82.6[b]	85.6
Small Metro	81.0[b]	84.8
Nonmetro	80.1[b]	83.5

(II) Drug Use	Youths' Feelings About Peers Smoking Cigarettes[1] Strongly/Somewhat		Neither Approve Nor	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	6.6	7.2	23.3	23.4
Marijuana	4.5[a]	5.0	19.2	19.3
Any Illicit Drug Other Than Marijuana[2]	3.2	3.4	10.2	10.9
Cigarettes	8.8	9.0	40.9[a]	38.0
Alcohol	12.7	13.3	33.2	33.2
"Binge" Alcohol[3]	7.1[a]	7.8	23.3	25.2
PAST YEAR				
Any Illicit Drug[2]	14.8	15.0	40.7	38.8
Marijuana	9.8	10.2	33.1	31.3
Any Illicit Drug Other Than Marijuana[2]	8.7	8.8	24.0	24.7
Cigarettes	16.8[a]	15.8	52.0[a]	48.9
Alcohol	28.9	29.2	57.2	54.9
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	21.9	22.5	51.8	51.4
Marijuana	13.8	14.4	40.3	40.2
Any Illicit Drug Other Than Marijuana[2]	14.4	14.9	34.8	36.0
Cigarettes	30.3	29.6	66.8[b]	62.7
Alcohol	37.3	37.5	67.7	65.6
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

10703 (3.38B)

Table F.76 Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Trying Marijuana or Hashish Once or Twice, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Trying Marijuana or Hashish: 1999 and 2000

(I) Demographic Characteristic	Youths' Feelings About Peers: Strongly/Somewhat Disapprove	
	1999	2000
TOTAL	79.7	79.9
AGE		
12-13	90.6	90.9
14-15	79.0	79.0
16-17	69.7	69.6
GENDER		
Male	77.8	78.1
Female	81.6	81.9
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	79.7	79.4
Black Only	79.2[a]	81.8
American Indian or Alaska Native Only	76.6	66.9
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	85.5	85.3
More Than One Race	75.1	78.7
Hispanic	79.2	79.9
COUNTY TYPE		
Large Metro	79.3	79.3
Small Metro	79.1	79.8
Nonmetro	81.5	81.6

(II) Drug Use	Youths' Feelings About Peers Trying Marijuana/Hashish[1]: Strongly/Somewhat		Neither Approve Nor	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	4.4	4.6	30.1	29.7
Marijuana	2.3	2.5	26.0	25.5
Any Illicit Drug Other Than Marijuana[2]	2.6	2.6	11.7	12.2
Cigarettes	8.7[b]	7.7	38.3	36.0
Alcohol	10.8	10.7	38.8	38.8
"Binge" Alcohol[3]	5.8	5.8	26.5	28.6
PAST YEAR				
Any Illicit Drug[2]	11.3	10.9	51.8[a]	49.1
Marijuana	6.4	6.2	43.9	41.8
Any Illicit Drug Other Than Marijuana[2]	7.1	6.9	28.8	28.0
Cigarettes	15.9[b]	13.9	51.9[b]	48.2
Alcohol	26.2	25.4	65.1	63.3
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	18.4	18.2	62.8	61.1
Marijuana	10.0	10.0	52.4	51.2
Any Illicit Drug Other Than Marijuana[2]	12.6	12.6	39.7	39.5
Cigarettes	28.8[b]	27.0	69.1[b]	64.8
Alcohol	34.7	33.8	74.6	73.0
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.77 Percentages of Persons Aged 12 to 17 Reporting (I) They Strongly or Somewhat Disapprove of Someone Their Own Age Having One or Two Drinks of an Alcoholic Beverage Nearly Every Day, by Demographic Characteristics, and (II) Selected Drug Use, by Youths' Feelings About Peers Drinking Alcoholic Beverage: 1999 and 2000

(I) Demographic Characteristic	Youths' Feelings About Peers Strongly/Somewhat Disapprove	
	1999	2000
TOTAL	81.8[b]	83.5
AGE		
12-13	89.3[b]	91.5
14-15	80.1	81.1
16-17	76.2[a]	78.0
GENDER		
Male	78.8[b]	80.6
Female	84.9[b]	86.6
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	82.1[a]	83.4
Black Only	81.5[a]	84.1
American Indian or Alaska Native Only	75.3	78.2
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	86.9	90.2
More Than One Race	77.1	80.1
Hispanic	79.9[a]	82.4
COUNTY TYPE		
Large Metro	82.2[b]	84.2
Small Metro	81.7	83.2
Nonmetro	80.9	82.4

(II) Drug Use	Youths' Feelings About Peers Drinking Alcoholic Beverages[1]			
	Strongly/Somewhat		Neither Approve Nor	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	6.2	6.5	25.3	25.4
Marijuana	4.1	4.5	21.0	20.7
Any Illicit Drug Other Than Marijuana[2]	3.0	3.2	11.0	11.7
Cigarettes	10.0	9.4	36.2[a]	33.2
Alcohol	11.7	11.9	38.2	38.4
"Binge" Alcohol[3]	6.2	6.8	27.1	28.8
PAST YEAR				
Any Illicit Drug[2]	14.3	14.1	43.3	41.4
Marijuana	9.3	9.4	35.4	33.4
Any Illicit Drug Other Than Marijuana[2]	8.5	8.3	25.1	25.7
Cigarettes	17.8[b]	16.1	47.9[a]	44.6
Alcohol	27.9	27.4	62.0	61.4
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	21.5	21.6	54.4	53.3
Marijuana	13.3	13.7	42.4	41.6
Any Illicit Drug Other Than Marijuana[2]	14.1	14.2	36.2	37.3
Cigarettes	30.9[a]	29.4	64.5[b]	60.7
Alcohol	36.5	35.9	71.6	71.1
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.78 Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Talked with at Least One of Their Parents in the Past Year About the Dangers of Tobacco, Alcohol, or Drug Use, by Demographic Characteristics, and (II) Selected Drug Use, by Whether They Talked with Their Parents About the Dangers of Drug Use: 1999 and 2000

(I) Demographic Characteristic	Talk with Parent About Dangers of: Yes	
	1999	2000
TOTAL	57.4	57.6
AGE		
12-13	59.5	60.2
14-15	56.9	56.8
16-17	55.8	55.8
GENDER		
Male	55.0	54.7
Female	59.9	60.6
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	59.9	59.6
Black Only	47.1[a]	50.4
American Indian or Alaska Native Only	59.1	58.4
Native Hawaiian or Other Pacific Islander	*	*
Asian Only	50.9	51.9
More Than One Race	51.6	56.3
Hispanic	57.9	57.0
COUNTY TYPE		
Large Metro	58.2	59.2
Small Metro	57.0	56.8
Nonmetro	55.7	55.0

(II) Drug Use	Talk with Parent About Dangers of Drug Use[1]: Yes		No	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	9.1	8.7	10.5	11.0
Marijuana	6.8	6.7	7.6	7.9
Any Illicit Drug Other Than Marijuana[2]	4.1	4.0	4.9	5.3
Cigarettes	14.5[b]	12.6	15.2	14.5
Alcohol	16.0	15.4	17.2	17.7
"Binge" Alcohol[3]	9.8	9.7	10.4[a]	11.5
PAST YEAR				
Any Illicit Drug[2]	18.8[a]	17.4	20.8	20.3
Marijuana	13.9[a]	12.9	14.3	14.2
Any Illicit Drug Other Than Marijuana[2]	10.9	10.5	12.4	12.3
Cigarettes	22.4[b]	19.9	24.6[b]	22.1
Alcohol	33.3	31.9	35.4	34.9
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	26.2	25.4	29.3	29.1
Marijuana	18.3	17.9	19.0	19.0
Any Illicit Drug Other Than Marijuana[2]	17.1	16.8	19.7	19.8
Cigarettes	35.2[b]	32.9	39.4[b]	37.0
Alcohol	41.3[a]	39.6	45.1	44.8
"Binge" Alcohol[3]	--	--	--	--

*Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

Table F.79 Percentages of Persons Aged 12 to 17 Reporting (I) That They Had Seen or Heard Drug or Alcohol Prevention Messages From Sources Outside School in the Past Year, by Demographic Characteristics, and (II) Selected Drug Use, by Whether They Saw or Heard Drug Prevention Messages From Sources Outside School: 1999 and 2000

(I) Demographic Characteristic	Seen or Heard Drug Prevention: Yes	
	1999	2000
TOTAL	82.3	81.9
AGE		
12-13	82.1	80.8
14-15	82.4	82.7
16-17	82.3	82.3
GENDER		
Male	80.0	79.2
Female	84.6	84.7
HISPANIC ORIGIN AND RACE		
Not Hispanic		
White Only	83.6	83.2
Black Only	78.4	78.5
American Indian or Alaska Native Only	•	71.8
Native Hawaiian or Other Pacific Islander	•	•
Asian Only	88.4	85.5
More Than One Race	80.7	86.3
Hispanic	78.7	78.3
COUNTY TYPE		
Large Metro	82.6	82.4
Small Metro	82.7[a]	81.2
Nonmetro	80.7	81.8

(II) Drug Use	Seen or Heard Drug Prevention Messages Outside School[1]: Yes		No	
	1999	2000	1999	2000
PAST MONTH				
Any Illicit Drug[2]	8.9	9.1	13.4	12.3
Marijuana	6.7	6.7	9.5	9.4
Any Illicit Drug Other Than Marijuana[2]	4.0	4.2	6.6	6.3
Cigarettes	14.1[b]	12.6	18.2	17.3
Alcohol	15.9	16.1	19.4	17.9
"Binge" Alcohol[3]	9.3	9.9	13.5	12.9
PAST YEAR				
Any Illicit Drug[2]	18.5	18.1	24.8[b]	21.4
Marijuana	13.3	13.0	17.9[a]	15.5
Any Illicit Drug Other Than Marijuana[2]	10.8	10.8	14.8	13.4
Cigarettes	22.2[b]	20.1	28.3[b]	24.1
Alcohol	33.8	33.3	35.8[b]	32.1
"Binge" Alcohol[3]	--	--	--	--
LIFETIME				
Any Illicit Drug[2]	26.4	26.2	32.8[a]	30.3
Marijuana	17.7	17.8	22.9	21.1
Any Illicit Drug Other Than Marijuana[2]	17.4	17.4	21.9	21.1
Cigarettes	35.7[b]	33.9	42.8[b]	38.1
Alcohol	42.3	41.6	45.8[b]	42.3
"Binge" Alcohol[3]	--	--	--	--

•Low precision; no estimate reported.
-- Not available.

[a]Difference between estimate and 2000 estimate is statistically significant at the .05 level.
[b]Difference between estimate and 2000 estimate is statistically significant at the .01 level.

[1] Respondents with missing data were excluded.
[2] Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically. Any Illicit Drug Other Than Marijuana indicates use at least once of any of these listed drugs, regardless of marijuana/hashish use; marijuana/hashish users who also have used any of the other listed drugs are included.
[3] "Binge" Alcohol Use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. By "occasion" is meant at the same time or within a couple hours of each other.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999 and 2000.

SAMHSA PUBLICATIONS FROM THE OFFICE OF APPLIED STUDIES (OAS)

Place an "X" next to the items you would like to receive and legibly print or type your mailing address below.

National Household Survey on Drug Abuse (NHSDA) Series - drinking, smoking, cocaine, and other illegal drug use statistics

___ Summary of Findings from the 2000 National Household Survey on Drug Abuse (BKD405)

___ 1998 NHSDA Population Estimates (BKD331)

___ 1998 NHSDA Main Findings (BKD355)

Drug Abuse Warning Network (DAWN) Series - drug-related emergency visits to hospitals and drug-related deaths

___ Mid-Year 2000 Preliminary Emergency Department Data from the Drug Abuse Warning Network (BKD394)

___ Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network (BKD415)

___ 1999 DAWN Annual Medical Examiner Data (BKD390)

___ The DAWN report - Club Drugs (PHD856)

Drug and Alcohol Services Information System (DASIS) Series - substance abuse treatment services information

___ Uniform Facility Data Set (UFDS): 1999 (BKD398)

___ National Directory of Drug and Alcohol Abuse Treatment Programs, 2001 (TXD01)

___ Treatment Episode Data Set (TEDS): 1994-1999 (BKD399)

___ Substance Abuse Treatment in Adult and Juvenile Correctional Facilities: Findings from the UFDS 1997 Survey of Correctional Facilities (BKD280)

Analytic Series - special topics relating to alcohol, drug abuse and mental health

___ Youth Substance Use: State Estimates from the 1999 National Household Survey on Drug Abuse (BKD403)

___ Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation: Findings from the 1979-1996 NHSDA (BKD413)

___ Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA (BKD276)

___ Substance Use and Mental Health Characteristics by Employment Status (BKD277)

___ The Relationship Between Mental Health and Substance Abuse Among Adolescents (BKD309)

___ Driving After Drug or Alcohol Use: Findings from the 1996 NHSDA (BKD274)

___ An Analysis of Worker Drug Use and Workplace Policies and Programs (BKD237)

___ Prevalence of Substance Use Among Racial and Ethnic Subgroups in the United States, 1991-1993 (BKD262)

___ Risk and Protective Factors for Adolescent Drug Use: Findings from the 1997 NHSDA (BKD377)

Methodology Series - methodological issues concerning OAS data collection systems

___ Drug Abuse Warning Network Sample Design and Estimation Procedures--Technical Report (BKD249)

___ Development of Computer-Assisted Interviewing Procedures for the NHSDA (BKD397)

Address to mail publication(s) to: NAME: _____

ADDRESS: _____

_____

SAMHSA's Mailing List - If you want to receive future issues of publications, add your name and address to the mailing list on the Web at http://sims.health.org. Your mailing list information can also be updated and revised at this Website. If you're unable to access the Web and want us to add your name to the mailing list, check the box below.

I am unable to access the Web and want to be added to the mailing list. ☐

Office of Applied Studies materials also can be accessed from SAMHSA's Website at: http://www.DrugAbuseStatistics.samhsa.gov.

----------**FOLD**----------

STAMP

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION
P. O. BOX 2345
ROCKVILLE, MD 20847-2345

----------**FOLD**----------

302A

Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Applied Studies
Publications Series

National Household Survey on Drug Abuse (NHSDA) Series:
Reports in the Household Survey Series present information from SAMHSA's National Household Survey on Drug Abuse. This representative survey is the primary source of information on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non-institutionalized population, age 12 and older. This survey has been conducted periodically since 1971 and annually since 1990.

"H" Series publications currently available:

- H-1: National Household Survey on Drug Abuse: Main Findings 1995
- H-2: The Prevalence and Correlates of Treatment for Drug Problems
- H-3: Preliminary Results from the 1996 National Household Survey on Drug Abuse
- H-4: National Household Survey on Drug Abuse: Population Estimates 1996
- H-5: National Household Survey on Drug Abuse: Main Findings 1996
- H-6: Preliminary Results from the 1997 National Household Survey on Drug Abuse
- H-7: National Household Survey on Drug Abuse: Population Estimates 1997
- H-8: National Household Survey on Drug Abuse: Main Findings 1997
- H-9: National Household Survey on Drug Abuse: Population Estimates 1998
- H-10: Summary of Findings from the 1998 National Household Survey on Drug Abuse
- H-11: National Household Survey on Drug Abuse: Main Findings 1998
- H-12: Summary of Findings from the 1999 National Household Survey on Drug Abuse
- H-13: Summary of Findings from the 2000 National Household Survey on Drug Abuse

Drug Abuse Warning Network (DAWN) Series:
Reports in the DAWN Series provide data on the number and characteristics of (1) drug abuse related visits to a national representative sample of hospital emergency departments, and (2) drug abuse related deaths from selected medical examiner offices. The medical examiner cases are not from a national representative sample. DAWN is an ongoing data system that began in the early 1970's.

"D" Series publications currently available:

- D-1: Drug Abuse Warning Network Annual Medical Examiner Data 1995
- D-2: Mid-Year Preliminary Estimates from the 1996 Drug Abuse Warning Network
- D-3: Year-End Preliminary Estimates from the 1996 Drug Abuse Warning Network
- D-4: Drug Abuse Warning Network Annual Medical Examiner Data 1996
- D-5: Mid-Year 1997 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-6: Year-End 1997 Emergency Department Data from the Drug Abuse Warning Network
- D-7: Annual Emergency Department Data from the Drug Abuse Warning Network, 1995
- D-8: Annual Emergency Department Data from the Drug Abuse Warning Network, 1996
- D-9: Annual Emergency Department Data from the Drug Abuse Warning Network, 1997
- D-10: Mid-Year 1998 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-11: Year-End 1998 Emergency Department Data from the Drug Abuse Warning Network
- D-12: Drug Abuse Warning Network Annual Medical Examiner Data 1997
- D-13: Drug Abuse Warning Network Annual Medical Examiner Data 1998
- D-14: Mid-Year 1999 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-15: Year-End 1999 Emergency Department Data from the Drug Abuse Warning Network
- D-16: Drug Abuse Warning Network Annual Medical Examiner Data 1999
- D-17: Mid-Year 2000 Preliminary Emergency Department Data from the Drug Abuse Warning Network
- D-18: Year-End 2000 Emergency Department Data from the Drug Abuse Warning Network

(Continued on next page)

302 B

Drug and Alcohol Services Information System (DASIS) Series:
Reports in the Services Series provide national and state level data on (1) the characteristics of specialty treatment facilities providing drug and alcohol services; (2) the number of persons in treatment; and (3) the demographic and drug use characteristics of treatment admissions. The Services Series also includes the National Directory of Drug and Alcohol Abuse Treatment Programs. The publications in this Series are based on SAMHSA's Drug and Alcohol Services Information System (DASIS).

"S" Series publications currently available:

- S-1: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1996
- S-2: Uniform Facility Data Set (UFDS): Data for 1995 and 1980-1995
- S-3: Uniform Facility Data Set (UFDS): Data for 1996 and 1980-1996
- S-4R: National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs 1997
- S-5: National Admissions to Substance Abuse Treatment Services: The Treatment Episode Data Set (TEDS) 1992-1996
- S-6: Uniform Facility Data Set (UFDS): 1997
- S-7: Treatment Episode Data Set (TEDS): 1992-1997
- S-8: National Directory of Drug Abuse and Alcoholism Treatment Programs,1998
- S-9: Substance Abuse Treatment in Adult and Juvenile Correctional Facilities: Findings from the UFDS 1997 Survey of Correctional Facilities
- S-10: Uniform Facility Data Set (UFDS): 1998
- S-11: Treatment Episode Data Set (TEDS): 1993-1998
- S-12: National Directory of Drug and Alcohol Abuse Treatment Programs 2000
- S-13: Uniform Facility Data Set (UFDS): 1999
- S-14: Treatment Episode Data Set (TEDS): 1994-1999
- S-15: National Directory of Drug and Alcohol Abuse Treatment Programs 2001

Analytic Series:
Reports in the Analytic Series address special topics relating to alcohol, drug abuse, and mental health. The Analytic Series generally provides data from outcome and other special studies, secondary analysis of multiple data sources, or more in-depth analysis of the data presented in the standard annual reports in the other Office of Applied Studies publication series.

"A" Series publications currently available:

- A-1: Employment Outcomes of Indigent Clients Receiving Alcohol and Drug Treatment in Washington State
- A-2: An Analysis of Worker Drug Use and Workplace Policies and Programs
- A-3: Substance Use Among Women in the United States
- A-4: Substance Abuse and Mental Health Statistics Source Book 1998
- A-5: Services Research Outcomes Study
- A-6: Prevalence of Substance Use Among Racial and Ethnic Subgroups in the United States, 1991-1993
- A-7: Analyses of Substance Abuse and Treatment Need Issues
- A-8: Driving After Drug or Alcohol Use: Findings from the 1996 NHSDA
- A-9: The Relationship Between Mental Health and Substance Abuse Among Adolescents
- A-10: Substance Use and Mental Health Characteristics by Employment Status
- A-11: Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 NHSDA
- A-12: Risk and Protective Factors for Adolescent Drug Use: Findings from the 1997 National Household Survey on Drug Abuse
- A-13: Parental Influences on Adolescent Marijuana Use and the Baby Boom Generation: Findings from the 1979-1996 NHSDA
- A-14: Youth Substance Use: State Estimates from the 1999 NHSDA

Methodology Series:
Reports in the Methodology Series address methodological issues concerning data collection systems conducted by SAMHSA's Office of Applied Studies. These reports include studies of new statistical techniques and theories, survey methods, sample design, survey instrument design, and objective evaluations of the reliability of collected data.

"M" Series publications currently available:

- M-1: Substance Abuse in States and Metropolitan Areas: Model Based Estimates from the 1991-1993 NHSDA--Methodology Report
- M-2: Drug Abuse Warning Network Sample Design and Estimation Procedures--Technical Report
- M-3: Development of Computer-Assisted Interviewing Procedures for the NHSDA

SAMHSA
DHHS Publication No. (SMA) 01-3549
Substance Abuse and Mental Health Services Administration
Printed 2001

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

NOTICE

Reproduction Basis

[ ] This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

[X] This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").